



QUARTER 4

PIP 1.1.2

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(continued
vol 4)

- For children receiving any prescription or nonprescription medication, collecting the medication log from the out-of-home caregiver at least once per month.
- Providing support, including transportation as necessary, to out-of-home caregivers as they address the medical needs of children in their care.
- Communicating regularly with children and out-of-home caregivers in order to detect emerging healthcare issues requiring medical assessment/treatment.

When parental rights have not been terminated, the permanency case manager must make every reasonable effort to actively involve the parent(s) in his/her child(ren)'s medical care. This may include:

- The parent's (parents') participating in medical appointments.
- The parent's (parents') communicating directly with healthcare providers.
- The parent's (parents') administering medication during visitation.
- The parent's (parents') receiving complete and ongoing information about the medical needs and care of his/her (their) child(ren).

(ii) Assessment of the Mental Health of Children in Out-of-Home Care

The assessment of the child(ren)'s mental health is documented in Sub-domain 6 of the Family Health Domain of the NCFAS-G+R (LV).

At the time of removal, the Receiving Team conducts a Preliminary Mental Health Screen. This information is used as part of the placement process. In addition, children over the age of six (6) will be referred for a universal assessment (usually before the Transitional Child and Family Team [CFT] meeting).

The permanency case manager must remain actively involved in the ongoing assessment of and response to mental health issues that may affect children in out-of-home care. The permanency case manager must:

- Gather information from the parent(s)/caregiver(s), children, and other collateral contacts about the child's mental health history and about any symptoms of mental illness exhibited by the child prior to placement.
- Obtain the results of the Universal Psychosocial and Psychoeducational Assessment (UPPA) for children over the age of six (6).

- Respond to any mental health issues identified by the Preliminary Mental Health Screen, the UPPA, or other assessments by ensuring that assessment recommendations are followed.
- For children receiving any prescription medications, collect the medication log from the out-of-home caregiver at least once per month.
- Be fully informed about all mental health issues affecting the child.
- Be aware of all upcoming related appointments and ensure that the out-of-home caregiver is aware of them.
- Provide support, including transportation and other assistance as necessary, to out-of-home caregivers as they address the mental health needs of children in their care.
- Communicate regularly with children and out-of-home caregivers in order to detect emerging mental health issues requiring assessment/treatment.

When parental rights have not been terminated, the permanency case manager must make every reasonable effort to actively involve the parent(s) in his/her child(ren)'s mental healthcare. This may include:

- The parent's (parents') participating in appointments with mental health providers.
- The parent's (parents') communicating directly with mental health providers.
- The parent's (parents') receiving complete and ongoing information about the mental health needs and care of his/her (their) child(ren).

(iii) Assessing Behavioral Issues Affecting Children in Out-of-Home Care

The assessment of the child(ren)'s behavior is documented in Sub-domain 1 of the Child Well-Being Domain of the NCFAS-G+R (LV).

The permanency case manager must continuously assess the behavior of children in out-of-home care to detect behaviors that fall outside of behavior that is normally acceptable, taking into account the child's age, development, and culture. Behaviors assessed include:

- The child's ability to follow rules.
- The child's ability to cooperate with others (e.g., out-of-home caregivers, teachers).
- The child's ability to adhere to a routine.
- The child's reaction to reasonable discipline.

The permanency case manager conducts this assessment by:

- Observing the child's behavior.
- Discussing the child's behavior with the out-of-home caregiver.
- Discussing how the child behaved before (s)he was removed from the care of his/her parent(s)/caregiver(s).
- Discussing the child's behavior with others having regular contact with the child (teachers, day care providers, etc.).

When parental rights have not been terminated, the permanency case manager must make every reasonable effort to actively involve the parent(s) in the response to any behavioral issues affecting his/her child(ren). This may include:

- The parent's (parents') participating in appointments related to a behavioral issue.
- The parent's (parents') communicating directly with relevant providers.
- The parent's (parents') participating in any therapeutic response to a behavioral issue that has been established for his/her (their) child(ren) (e.g., during visitation).
- The parent's (parents') receiving complete and ongoing information about the behavioral needs and care of his/her (their) child(ren).

(iv) Assessing the School Performance of Children in Out-of-Home Care

The assessment of the child(ren)'s school performance is documented in Sub-domain 2 of the Child Well-Being Domain of the NCFAS-G+R (LV).

NOTE: See Section 5600: Case Planning for information pertaining to the educational plan.

Positive school adjustment for a child predicts placement stability and is an important component of child well-being. The school district has primary responsibility for educational assessment. The permanency case manager's responsibilities are presented below.

- For school-age children, within seven (7) days of case assignment, the permanency case manager must:
 - » Request school records and meet with current school personnel to assess the children's level of performance and possible need for services.

- » If necessary, contact previous schools attended by the children to obtain historical information about the children's school attendance so as to provide background regarding the children's school performance.
- Within fourteen (14) days of EPSDT completion, the permanency case manager must:
 - » Review the results of the EPSDT medical assessment to determine any health or developmental impairment indicating eligibility for special education or early intervention services.
 - » When the EPSDT identifies any educational impairment for children age six (6) or older, make a written request to the child's school that a special education assessment be completed to determine whether the child is eligible for special education services.
 - » Refer all children three (3) to six (6) years of age to the school district Child Find Program.
 - » Refer any children three (3) years of age or younger for whom the EPSDT identifies any impairment to Nevada's Early Intervention Services (NEIS).
- If the review of a child's educational history indicates past eligibility for special education or early intervention services, the permanency case manager must refer the child to the public school district or a community provider, including NEIS, to determine current eligibility for special education or early intervention services.
- Communicate regularly with children and out-of-home caregivers to detect emerging educational problems.
- Communicate regularly (as determined by the permanency supervisor taking into account the child's educational performance and the involvement of the out-of-home caregiver) with school personnel to detect emerging educational problems.
 - » Receive copies of and review all progress reports to monitor educational progress.

When parental rights have not been terminated, the permanency case manager must make every reasonable effort to actively involve the parent(s) in his/her child(ren)'s education and in the response to any educational issues affecting his/her child(ren). This may include:

- The parent's (parents') participating in teacher conferences, Individualized Education Plans (IEPs), and other meetings concerning his/her (their) child(ren)'s education.
- The parent's (parents') communicating directly with his/her (their) child(ren)'s teacher and with other school personnel.

- The parent's (parents') receiving complete and ongoing information about his/her (their) child(ren)'s progress in school and about any educational issues.

(v) Assessing the Psychosocial Development of Children in Out-of-Home Care

The assessment of the child(ren)'s psychosocial development is documented in Sub-domain 5 of the Family Health Domain of the NCFAS-G+R (LV).

The permanency case manager must arrange for the developmental assessment of all children six (6) years of age and younger who are placed in out-of-home care. Within seven (7) days of the Transitional Child and Family Team (CFT), the permanency case manager must:

- Refer children who are thirty-three (33) months or younger to Nevada's Early Intervention Services (NEIS) to determine their developmental level and need for follow-up.

Documentation

- Refer children three (3) to six (6) years old to Early Childhood Services for developmental assessment.
- Continuously observe children and communicate with out-of-home caregivers to detect emerging developmental issues.

When parental rights have not been terminated, the permanency case manager must make every reasonable effort to actively involve the parent(s) in the response to any developmental issues affecting his/her child(ren). This may include:

- The parent's (parents') participating in appointments related to a developmental issue.
- The parent's (parents') communicating directly with relevant providers.
- The parent's (parents') participating in any therapeutic response to a developmental issue that has been established for his/her (their) child(ren) (e.g., during visitation).
- The parent's (parents') receiving complete and ongoing information about the developmental status, needs, and care of his/her (their) child(ren).

(vi) Assessing Child(ren)'s Relationships With Caregiver(s)

The assessment of the child(ren)'s relationships with their parent(s)/caregiver(s) is documented in the Family Interactions Domain (C), Sub-domain 3 of the Child Well-Being Domain, and the Caregiver/Child Ambivalence Domain (I) of the NCFAS-G+R (LV). The assessment of the child(ren)'s relationships with his/her out-of-home caregiver(s) is documented in the Caregiver/Child Ambivalence Domain (I) of the NCFAS-G+R (LV) and the *Out-of-Home Placement Safety Check*.

The permanency case manager must continuously assess the nature of the relationship between the child and both the child's parent(s)/caregiver(s) and the out-of-home care provider. The purposes of this assessment are to:

- Identify issues that may emerge in the relationship as early as possible.
- Evaluate the suitability of the out-of-home placement for the child.

The permanency case manager assesses the relationship between the child and the parent(s)/caregiver(s) and the out-of-home caregiver by:

- Talking privately with the child and out-of-home caregiver(s).
- Observing the interaction between the child and the caregiver(s).
- Discussing the relationship with collateral sources (teachers, service providers, family members, etc.).

(vii) Assessing Child(ren)'s Relationships With Siblings

The assessment of the child(ren)'s relationships with siblings is documented in Sub-domain 4 of the Child Well-Being Domain of the NCFAS-G+R (LV). The permanency case manager must continuously assess the nature of the relationship between the child and the child's biological and foster siblings. Special attention must be paid to any extraordinary violence occurring between biological or foster siblings. The purposes of this assessment are to:

- Identify issues that may emerge in the relationships as early as possible.
- Evaluate the suitability of the placement for the child.

The permanency case manager assesses the relationship between the child and the child's biological and foster siblings by:

- Talking privately with the child.
- Observing the interaction between the child and his/her biological and foster siblings.
- Discussing the relationship with the out-of-home caregiver.
- Discussing the relationship between the child and the child's biological siblings with the child's birth family.
- Discussing the relationship with collateral sources (e.g., teachers, service providers).

(viii) Assessing Child(ren)'s Relationships With Peers

The assessment of the child(ren)'s relationships with peers is documented in Sub-domain 5 of the Child Well-Being Domain of the NCFAS-G+R (LV). The permanency case manager must continuously assess the nature of the relationship between the child and the child's peers. This includes such information as whether:

- The child has friends.
- The child is part of any group (e.g., street gang or church choir).
- The child's peer group has a positive or negative influence on the child's overall functioning.

The purpose of this assessment is to identify strengths or issues that may emerge in peer relationships as early as possible.

The permanency case manager assesses the child's peer relationships by:

- Talking privately with the child.
- Discussing the child's peer relationships with the out-of-home caregiver(s).
- Discussing the child's peer relationships with the child's parent(s)/caregiver(s).
- If possible, observing the interaction between the child and his/her peers.
- Discussing the relationship with collateral sources (e.g., teachers, service providers).

(ix) Assessing Child(ren)'s Cooperation/Motivation to Maintain the Family

The assessment of the child(ren)'s cooperation and motivation to maintain the family is documented in Sub-domain 6 of the Child Well-Being Domain of the NCFAS-G+R (LV). The permanency case manager must continuously assess the child's desire to remain with (or return to) both the out-of-home caregiver and the child's parent(s)/caregiver(s). This evaluation must always consider that children in out-of-home care can be expected to express ambivalence and to have unrealistic views of their out-of-home caregivers and their parent(s)/caregiver(s). This evaluation is important because it is unlikely that the well-being of children can be served by placing them in family settings that they do not wish to maintain.

The permanency case manager assesses the cooperation/motivation to maintain the family by:

- Talking privately with the child.
- Observing the child's reaction to the setting, both directly and through the child's behavior.

- Discussing the child's placement with others (i.e., the out-of-home caregivers or the parent[s]/caregiver[s]).

(x) Information From Special Evaluations of Children

When specialized issues affecting children are identified during the CPS investigation or the assessment process, the permanency case manager may need to seek special evaluations. The results of these special evaluations inform the safety assessments and the assessments of child and family functioning. Such special evaluations may include, but are not limited to:

- Developmental assessments.
- Substance abuse assessments.
- Mental health evaluations.
- Medical evaluations.
- Educational assessments.

In order to obtain special evaluations, the permanency case manager must consult with the permanency supervisor to determine whether the permanency case manager will make a referral directly to the relevant provider or the referral will be made through the Department of Family Services (DFS) Medical Case Management (MCM) Unit or the Family Clinical Services Unit.

When parental rights have not been terminated, the permanency case manager must make every reasonable effort to actively involve the parent(s) in any special assessment involving his/her child(ren). This may include:

- The parent's (parents') participating in appointments related to a special assessment.
- The parent's (parents') communicating directly with providers conducting special assessments.
- The parent's (parents') receiving complete and ongoing information about the special assessment of his/her (their) child(ren) including, with supervisory input, a copy of any reports documenting the results and recommendations of the assessment.

h. Completing the NCFAS-G+R (LV) Assessment

As information is gathered, the permanency case manager must use it to rate the subscales for each of the ten (10) overall domains. The permanency case manager must carefully consider the definition of each domain in the *NCFAS-G+R (LV) Definitions Manual* as each domain is rated. The potential ratings include:

- Clear strength.
- Mild strength.
- Baseline/adequate.
- Mild problem.
- Moderate problem.
- Serious problem.
- Unknown.
- Not applicable.

All sub-domains must be rated before the overall domains are rated. When rating each sub-domain, the permanency case manager begins by considering whether “baseline/adequate” best describes the subscale being rated. If not, the permanency case manager considers the other potential ratings, moving up or down the list of potential ratings as applicable. To rate the ten (10) overall domains, the permanency case manager, in conjunction with the permanency supervisor, evaluates which of the ratings is most applicable, considering the ratings of the respective subscales.

Documentation

i. Reviewing Assessment Results With the Family

After the Assessment of Family Functioning has been completed and its conclusions have been approved by the permanency supervisor, the permanency case manager must meet privately and in person with the family to review the assessment results. This meeting must occur before the Formal Case Planning Child and Family Team (CFT) meeting. In addition to providing the family with information about the assessment, the purposes of this meeting are to:

- Enhance engagement of the family as a partner in the permanency service process.
- Set the agenda for the Formal Case Planning CFT meeting.

Documentation

5450. Social Summary

The *Social Summary* must be completed in all cases in which children have been placed in the custody/wardship of the Department. The *Social Summary* is a cumulative document in which all information regarding a child's life is maintained. It includes information about all pertinent family history, in addition to the current status of the child's physical and emotional health and well-being, strengths, and needs.

Information used to complete the *Social Summary* must be gathered as the permanency case manager completes the Assessment of Family Functioning (NCFAS-G+R [LV]).

The *Social Summary* includes:

- Description of the child (gender, race, and a physical description).
- Prenatal information and birth records.
- Medical conditions of child and child's birth family.
- Child's developmental history.
- Educational history.
- Foster care/out-of-home placement history.
- Interpersonal relationships.
- Comprehension of adoption (if applicable).
- Legal status of child.
- Evaluation (a description of the child's overall permanent placement needs, including the most suitable type of placement setting and the services necessary to support the placement).
- Maternal family information.
- Paternal family information.

a. Required Time Frames for Completing the Social Summary

At a minimum, the permanency case manager must complete/update and document the *Social Summary*:

- Ensure the completion of the initial *Social Summary* by the CPS investigator or within forty-five (45) working days of the Transitional Child and Family Team (CFT) meeting.
- Update the summary, as applicable, every six (6) months (before evaluating the case plan).

The permanency case manager works in consultation with the adoption social worker to develop the *Social Summary* and semiannual updates and to ensure that **all** required information for adoption finalization and subsidy determination is included. (See *Section 6000: Adoption Policies and Procedures* for additional information on completing and updating the *Social Summary*.)

Documentation

5460. Obtain the Child(ren)'s Birth Certificate and Social Security Card

As part of completing the initial *Social Summary*, the permanency case manager must ensure that the child(ren)'s birth certificate and Social Security card have been requested.

Documentation

5470. Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) provides special protections to American Indians and Alaska Native villagers. ICWA covers the provision of service when an American Indian child is involved with CPS, foster care, institutional care, and adoptions. ICWA covers only proceedings handled by Nevada state courts, including the Family Court, and does not cover proceedings handled by the Tribal Courts. Covered proceedings include:

- Out-of-home care placements,
- Termination of parental rights,
- Pre-adoption placements, and
- Adoption placements.

ICWA establishes regulations to be followed in any child custody proceeding in the Nevada Courts involving an American Indian child.

a. Key Provisions of the Indian Child Welfare Act

Indian Child Welfare Act (ICWA) provisions for tribes include:

- The right of the tribe to receive notice of Family Court hearings involving an American Indian child of the tribe.

- The right of the tribe to be a party to the Family Court proceedings or petition for transfer of jurisdiction to Tribal Court.
- The right of the tribe to exercise exclusive jurisdiction in cases involving American Indian children who reside, or are domiciled, on an American Indian reservation or are wards of the Tribal Court.

ICWA provisions for families include:

- The right of the family to petition for the transfer of cases to the Tribal Court.
- If a child is placed in out-of-home care, the right of the family to have the child placed with extended family members, other members of the child's tribe, or other American Indian families.

NOTE: When placing American Indian children with extended family members, the permanency case manager must consider placement with an expanded list of eligible caregivers, including:

- » Grandparents.
- » Aunts or uncles.
- » Adult brothers and sisters.
- » Brothers-in-law.
- » Sisters-in-law.
- » Adult nieces and nephews.
- » First and second cousins.
- » Stepparents.

American Indian children are:

- Not married and under the age of eighteen (18), and
- Members of an American Indian tribe as determined by the tribe, or
- Not members of a tribe but are eligible for membership and are the biological children of a member of an American Indian tribe.

b. Placement Preferences for American Indian Children

The permanency case manager must ensure that the following placement preferences are observed for American Indian children:

- Extended family.
- Foster home licensed by the tribe.
- American Indian foster home licensed by the state/county.
- Institution approved by the tribe.
- Foster home licensed by the state/county.

The Family Court may make an exception to placement preferences based upon:

- The request of biological parents or of the child if (s)he is of sufficient age.
- Any extraordinary physical or emotional needs of the child, as established by testimony of expert witness.
- The unavailability of suitable homes within placement preferences.

c. Indian Child Welfare Act Procedures

In most cases, the initial Indian Child Welfare Act (ICWA) activities will have been conducted by the CPS investigator. It is important, however, that the permanency case manager revisit the family's ICWA eligibility. During the Assessment of Family Functioning, the permanency case manager must explore, with the parent(s), any tribal affiliation that the family may have. This exploration must involve asking family members if the child(ren) has a relative in the past three (3) generations (i.e., the child[ren]'s parent, grandparent, or great-grandparent) who was American Indian. Certain notifications must be made. Failure to make these notifications may result in the invalidation of any Family Court orders. As soon as possible, and always within three (3) working days, whenever a tribal affiliation has been identified, the permanency case manager must:

- Notify the Department's ICWA coordinator of the removal of a child from a family that may have rights under ICWA or the subsequent discovery that child may be American Indian. This notification must be made electronically and must include the following information:
 - » UNITY case number,
 - » Case name,
 - » Name of tribe,

- » Family bloodline – maternal, paternal, or both,
- » Names of grandparents and dates of birth if available,
- » Names of great-grandparents if known, and
- » Enrollment number (if the child is enrolled or a family member is enrolled with a tribe).

The Department's ICWA coordinator will:

- » Process the ICWA referral to notify the tribe or the U.S. Bureau of Indian Affairs (if the tribe is unknown),
- » Receive any responses from eligible tribes and forward the responses to the assigned permanency case manager, and
- » Act as a liaison between the Department and eligible tribes by assisting the permanency case manager with any communications with an eligible tribe.

The tribe or American Indian custodian can intervene at any point in a dependency proceeding covered by ICWA. This intervention may include:

- » The tribe taking jurisdiction,
 - » The Family Court/Department of Family Services (DFS) maintaining jurisdiction and the tribe monitoring the provision of permanency services, or
 - » The tribe declining involvement.
- Notify the district attorney (DA) of any identified family status that confers rights under ICWA.
 - Notify the Family Court. The Family Court must apply a higher legal standard of proof when it makes determinations concerning eligible American Indian children. These standards include:
 - » Clear and convincing evidence for removal to out-of-home care, and
 - » Proof beyond a reasonable doubt to terminate an American Indian parent's parental rights.

Either of these Family Court determinations requires expert testimony demonstrating that the parent's parental rights to the child or the American Indian custodian's continued custody of the child is likely to result in serious emotional or physical damage to the American Indian child. This testimony must be given by an expert qualified to speak specifically to the issue of whether the parent's continued/resumed custody will place the child at risk. Any of the following are likely to qualify as expert witnesses:

- » A member of the child's tribe who is recognized by the tribal community as knowledgeable in tribal customs as they pertain to family organization and child-rearing practices.
- » A lay expert witness with substantial experience in the delivery of child and family services to American Indians and extensive knowledge of prevailing social and cultural standards and child-rearing practices within the child's tribe.
- » A professional person with substantial education and experience in his/her area of specialty.

The permanency case manager must make an **active** effort to work with the family to prevent placement and, if placement cannot be safely prevented, to reunify the American Indian family. These efforts must take into account the prevailing social and cultural conditions and way of life of the child's tribe. **All** available resources must be used, including the extended family, the tribe, American Indian social service agencies, American Indian caregivers, and medicine people.

In addition, the permanency case manager must make an **active** effort to involve the tribe in the collaborative provision of permanency service.

Documentation

5480. Immigration Status

The permanency case manager must determine a child's immigration status within seven (7) days of the Transitional Child and Family Team (CFT). It is important to make this determination quickly because, for children who are undocumented, there is a limited amount of time during which children can become documented. Children who are undocumented or for whom legal documentation cannot be determined must be referred to external legal resources identified to resolve immigration issues for children in the Department's custody/wardship.

Documentation

5500. Permanency Planning

The case plan seeks to achieve a timely permanent living arrangement in order to ensure legal and emotional permanency for children. This permanent living arrangement must be classified into one (1) of a hierarchy of established permanency goals. The permanency options are:

- Reunification.
- Adoption.

- Legal guardianship.
- Permanent placement with a fit and willing relative.
- Other planned permanent living arrangement (OPPLA).

The permanency case manager must, with the approval of the permanency supervisor, recommend a permanency goal to the Family Court. The Court determines the permanency goal for each child in out-of-home care.

5510. Permanency Planning Principles

The following are basic principles of permanency planning:

- *Concurrent Planning Determination* – As part of the collaborative case planning process, a determination regarding whether a case should be considered for concurrent planning is to be made using *Nevada's Concurrent Planning Guide*.
- *Permanency for Children* – Early permanency for children is the ultimate goal. Workers must see success as **permanency** for the child, either through reunification or another permanent plan.
- *Full Disclosure* – An open, honest discussion that involves the family, the permanency case manager, the out-of-home caregiver, and the legal system regarding the process of out-of-home care, including federal and state time frames and guidelines. Parents must be informed of their rights, responsibilities, available services, permanency and parenting options, and the consequences for failing to successfully meet case plan objectives. This includes communication with all parties involved that an alternative permanency plan will be made for the child in the event that (s)he cannot safely return home. This must occur early and throughout the life of the case. Further, the case plan must be developed with the parents and must fully articulate the expectations of the parents, agency, and others, including qualitative, behavioral measurements of success and deadlines. It is the responsibility of the permanency case manager to regularly update parties involved regarding progress or concerns through the case planning process.
- *Permanency Time Limits* – Families must be provided with information regarding time limits designated by law (i.e., twelve [12] -month Permanency Hearing and 14/20 rule, in accordance with NRS 432B.553).
- *Visitation* – Parents who visit with their children regularly have the best chance of reunification. A structured visitation plan must be created that fits the need and age of the child. Out-of-home caregivers must be involved and support the planning and implementation process.

- *Alternative Permanency Goal* – The permanency plan must be created and be part of the case plan. When reunification is the primary permanency/case plan goal, an alternative permanency plan must be identified in cases where there are identified risk factors that could delay reunification, based on the results of the guide. Both permanency/case plans begin concurrently when the child is placed in out-of-home care. It is essential that a diligent search to identify and involve immediate and extended family members be completed early in the planning process so as to identify potential placement resources and avoid multiple placements for the child(ren).
- *Compelling Reasons* – The decision to not make a referral for termination of parental rights when any child has remained in out-of-home care for fourteen (14) months of any twenty (20) -month period must always be made on the basis that there are compelling reasons to support this decision. These compelling reasons must be clearly and specifically documented.

Other planned permanent living arrangement (OPPLA) may be selected as a primary permanency goal only when it is determined that no other permanency option is reasonable. In these instances, compelling reasons (documented on the *Compelling Reasons Checklist*) why no other permanency options are reasonable have been submitted to the Family Court and the Court has approved OPPLA as the child's permanency goal.
- *Engagement and Collaboration* – A key component to permanency planning is the partnerships that are formed between birth families, the permanency case manager, and out-of-home caregivers, which encourages and supports reunification efforts. Foster families understand that it is in the child(ren)'s best interest, whenever possible, to reunify with his/her family and are able to establish mentoring-type relationships with birth families.
- *Documentation* – Case managers must document all contacts, casework efforts, and collateral information pertaining to a case as the case progresses. This prepares the case in the event that subsequent legal action is required (e.g., termination of parental rights [TPR], voluntary relinquishment).
- *Behavior Changes* – Birth parents must make favorable progress and change the behaviors that caused the removal of their child(ren). Parents must respond to case plan objectives and demonstrate positive changes in their parenting capacity.

5520. The Initial Permanency Goal

At the early stages of permanency service provision, the primary permanency goal is most often reunification of the child(ren) with one (1) or both parents. Other permanency goals may be recommended:

- During initial formal case planning when the criteria for expedited termination of parental rights (TPR) are met.
- Whenever the Family Court finds that no reasonable efforts are required to reunify the family.
- When, in the judgment of the permanency supervisor (in conjunction with the permanency case manager and the Child and Family Team [CFT]), the family has failed to make adequate and timely progress toward achievement of the case plan objectives. Under most circumstances, the primary permanency goal will not be changed from reunification to another goal until the case plan evaluation occurring approximately six (6) months from the Transitional CFT meeting.
- Quarterly, the CFT will review the parent's (parents') circumstances and progress toward changing the conditions that led to the removal. If the parent(s) does not make progress toward agreed-upon changes, the CFT will discuss and engage in problem solving with the parent(s) and may revise his/her objectives and tasks. The parent(s) will sign the revised case plan. If the parent(s) is not present at the CFT meeting, the permanency case manager will discuss any revised or new expectations and document this discussion and agreement in the case file. (See *Section 6600: Selection and Preparation of Adoptive Family*.)
- If, at the end of nine (9) months, the parent(s) has made little progress toward changing the circumstances that brought his/her child(ren) into out-of-home care, the permanency case manager must review the case with the District Attorney's (DA's) Office to determine potential and preliminary grounds for TPR or voluntary relinquishment.

NOTE: The permanency case manager may request that the adoption social worker engage the parent(s) to voluntarily relinquish his/her parental rights. If this is unsuccessful, the permanency case manager may submit an application for a TPR hearing to the DA's Office, and the DA then requests the hearing.

- If at the end of twelve (12) months the parent's (parents') progress does not warrant consideration of a reunification goal, the permanency goal must be changed to an alternative permanency goal with the approval of the supervisor and by order of the Court. The same applies if the child has been in out-of-home care for fourteen (14) of the most recent twenty (20) months.

(See *Section 5600: Case Planning* for a description of preparing the case plan.)

5530. Reunification

Among the most significant decisions made during the provision of permanency services is the decision to reunify children with their parent(s)/caregiver(s). The decision to reunify is made at the

Reunification Child and Family Team (CFT) and requires the approval of the Family Court (see *Section 51140a: Review Hearing*).

As part of concurrent planning, the permanency case manager, permanency supervisor, and adoption social worker review the case monthly in supervisory team meetings and individual meetings with the supervisor, as well as quarterly at CFT meetings.

Criteria and time frames for reviewing the child(ren)'s permanency goal at these meetings are documented in the case plan for the family.

- At intake, permanency case managers must work with the parent(s) to set measurable expectations and time frames for actions by the parent(s) and others to correct the situation(s) that brought the child(ren) into protective out-of-home care.
- The plan for reunification is documented in the case plan. (See *Section 5600: Case Planning*.)
- The CFT will review the parent(s)' circumstances and progress toward changing the conditions that led to the removal every three (3) months. If the parent(s) does not make progress toward agreed-upon changes, the CFT will discuss barriers to positive change and engage in problem solving with the parent(s). Case plan objectives and tasks may be revised.
- The permanency case manager must request that the parent(s) sign the revised case plan. If the parent(s) is not present at the CFT meeting, the permanency case manager will discuss any revised or new expectations and document this discussion and agreement in the case file.

a. Reunification Criteria

The basis for the decision to reunify is the permanency assessment that the child(ren) will be safe with his/her parent(s)/caregiver(s). This assessment is based on:

- The determination, made using the safety assessment, that the child(ren) will be safe after reunification.
- The determination, made using the NCFAS-G+R (LV), that the parent(s)/caregiver(s) demonstrates acceptable progress in Family Safety, Readiness for Reunification, and other domains related to the need for out-of-home care.
- An evaluation of the case plan indicating that the parent(s)/caregiver(s) has substantially achieved his/her case plan objectives.

- Service providers' indication of their belief that the child(ren) can safely be reunified.
- The enlistment of supports/services to address any ongoing risk issues confronting the family.
- The child(ren)'s report that (s)he feels safe with his/her parent(s)/caregiver(s).

b. Reunification Decision-Making Process

When, based on the criteria described above in *Section 5530.a*, the permanency supervisor determines that reunification is in the child(ren)'s best interest, the permanency case manager must convene a Reunification Child and Family Team (CFT) meeting. In addition to the usual CFT members, the Reunification CFT meeting must be attended by the permanency supervisor and either a permanency supervisor from another permanency team or an assistant manager. The purposes of the Reunification CFT are to:

- Review the safety assessment, NCFAS-G+R (LV), and case plan objectives.
- Determine whether the child(ren) can safely be returned to the care of his/her parent(s).
- Develop a reunification case plan.

The permanency case manager actively assists the parent(s) in implementing the reunification case plan. In addition, the permanency case manager **must** clearly inform the parent(s) of his/her responsibility in correcting the conditions that brought the child(ren) into care **and** the consequences of failing to do so.

When the CFT determines that reunification is in the child(ren)'s best interest, approval of the Family Court must be received prior to returning the child(ren) to his/her parent(s). This approval may be obtained at a Review Hearing held within ninety (90) days of reunification or at a Status Check Hearing (see *Section 51140a: Review Hearing*).

c. Reunification Decision-Making Process When Parent(s)/Caregiver(s) Has Been Found to Have Been a Domestic Violence Perpetrator

Nevada law (NRS 432B.157) establishes that it is presumed that it is not in the best interest of children to be reunified with a parent(s) who has been found by the Court to be a perpetrator of domestic violence. There are, however, instances when a child can reside safely in a home when a parent(s) has been determined by the Court to be a domestic violence perpetrator. The Family Court must determine that reunification with a domestic violence perpetrator is in the best interest of the child before reunification may occur.

If a determination is made by the Court that a parent(s) has committed an act of domestic violence, caseworkers shall:

- Advise the Family Court of the conviction and the applicability of NRS 432B.157, and
- Arrange a case staffing to determine whether the child can be safely placed in the home with the parent(s) convicted of domestic violence.

At minimum, the case staffing must include the following parties:

- The permanency case manager,
- The permanency supervisor, and
- A representative from the District Attorney's (DA's) Office.

In addition, the permanency supervisor must make every reasonable effort to ensure that a domestic violence advocate participates in the staffing. The domestic violence advocate's role is to serve in a consulting capacity to provide expertise in domestic violence issues.

The representative from the DA's Office will advise as to any legal implications related to custody and placement of the child(ren).

At the case staffing, the parties shall discuss the following factors prior to making a decision regarding placement or custody of the child(ren):

- Child safety and risk factors related to the history of domestic violence.
- Lethality assessment and prior domestic violence history of the domestic violence perpetrator.
- The domestic violence perpetrator's ability and willingness to be held accountable for perpetrating domestic violence.
- The domestic violence perpetrator's involvement in case planning and progress in service efforts, including but not limited to:
 - » Batterer intervention services,
 - » Anger management services,
 - » Substance abuse treatment,
 - » Probation.

- The protective capacities of the adult victim and of any other adults in the home.
- The presence of a domestic violence protective plan for the adult victim and child(ren).
- Every reasonable effort must be made to hold the case staffing in person. If, however, a party is unable to attend the in-person staffing, (s)he must be consulted with by telephone. The purpose of the staffing is to develop a Department of Family Services (DFS) recommendation – including rationale for the recommendation – to be made to the Family Court.

Prior to releasing any child in out-of-home-care to a parent(s) who has been determined by the Court to have committed one (1) or more acts of domestic violence, the Family Court must determine that it is in the best interest of the child to be placed with the domestic violence perpetrator.

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d. Reunification Services

At the Reunification Child and Family Team (CFT) meeting, the permanency case manager develops the case plan with the goal of reunification. The case plan with the goal of reunification must include:

- Tasks and objectives addressing any ongoing issues related to the risk of future maltreatment.
- Tasks for the permanency case manager related to monitoring the child(ren)'s continued safety with his/her parent(s)/caregiver(s).

Reunification case planning, service provision, and monitoring must conform to the requirements for in-home services (see *Section 4000: In-Home Services Policies and Procedures* and *Section 400: In-Home Services Guidelines*).

(See *Section 5600: Case Planning* for a description of preparing the case plan).

5540. Adoption

The healthy development and emotional security of children in out-of-home care require that children have a permanent place in which they can grow up. Because the parental behaviors and conditions leading to the need for removal cannot always be resolved quickly, the Adoption and Safe Families Act (ASFA) requires that local child welfare agencies file for termination of parental rights (TPR).

- If at the end of nine (9) months, the parent(s) has made little progress toward changing the circumstances that brought his/her child(ren) into out-of-home care, the permanency case manager must explore voluntary relinquishment of parental rights with the parent(s). This may be done with the assistance of an adoption worker (see *Section 5540.c*).
- Unless the parent(s) has agreed to voluntary termination, the case must be reviewed with the permanency supervisor and District Attorney's (DA's) Office to determine potential and preliminary grounds for TPR.
- If it is determined that grounds for TPR exist, the permanency case manager must refer for TPR.
- Whenever a parent(s) agrees to voluntary termination or a referral for TPR has been made, a recruitment order must be requested from the Family Court. It is the permanency case manager's responsibility to ensure that all parties are notified within seventy-two (72) hours before this request is made to the Court.
- When a recruitment order is received, the permanency case manager must:
 - » Make a referral to recruitment, and
 - » Notify the out-of-home caregiver of the recruitment order.
- If at the end of twelve (12) months the parent's (parents') progress does not warrant consideration of a reunification goal, the permanency goal must be changed to adoption with the approval of the supervisor and by order of the Court. The same applies if the child has been in out-of-home care for fourteen (14) of the most recent twenty (20) months.

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Exceptions to ASFA Time Frame Requirements

If the permanency case worker and supervisor agree that (1) there are reasons to extend these services, (2) the parents are making progress, and (3) there is reason to believe that reunification is imminent, the supervisor may consult with the unit assistant manager to reach a decision on how to manage the case and meet Adoption and Safe Families Act (ASFA) allowances for exceptions, with judicial approval. The ASFA provisions for exceptions are as follows:

- The child in protective placement is being cared for by a relative.
- The case plan presents a compelling reason for determining that filing such a petition would not be in the best interest of the child.
- The case plan identifies needed services for reasonable efforts for safe return home that have not been delivered within these time frames (e.g., completion of substance abuse treatment).

When there are sound social work reasons to propose an extension of these time frames (e.g., reunification is imminent, the child is not legally free, there is no prospect of adoption), the permanency case manager and adoption social worker, with their supervisors, will staff the case. The results of this staffing must be entered in a case note in UNITY by the permanency assistant manager.

If the parent(s)/caregiver(s) fails to demonstrate significant progress in achieving his/her case plan objectives during the initial stages (i.e., the first three [3] months) of permanency service provision, the permanency case manager and supervisor must implement the alternative permanency goal.

a. Teaming With Adoption Workers

Adoption workers are assigned to permanency teams and work with permanency case managers to facilitate efficient and effective movement of children to adoption. Adoption social workers are specialists in the processes, tasks, and documents that must be completed for an adoption to be finalized. To facilitate the timely adoption of children in Clark County, adoption social workers are associated with teams of permanency case managers.

The primary mechanisms for teaming are (1) permanency supervisors' team meetings, (2) Child and Family Team (CFT) meetings to identify potential adoptive resources, and (3) HART meetings. (See *Section 6620: Adoptive Resource Child and Family Team Meeting* and *Section 6700: HART: Confirming or Selecting an Adoptive Resource* for detailed information about CFT and HART meetings, respectively.)

The permanency case manager carries the case, completes Court documentation, makes Court appearances, and is responsible for ensuring that services are provided. The permanency case manager is the sole provider of Department of Family Services (DFS) direct services to the child and family until adoption becomes the permanency goal. The permanency case manager is responsible for completion of the initial *Social Summary* within forty-five (45) days of opening the case and updating it every six (6) months thereafter until adoption becomes the permanency goal. The permanency case manager completes the *Social Summary* with assistance and information from clerical support, the Receiving Team, and the adoption social worker.

The permanency worker has primary responsibility for assessing the child's readiness for adoption, and the adoption social worker has primary responsibility for leading the child through the three (3) stages of adoption preparation. (See *Section 6000: Adoption Policies and Procedures*. Special considerations and tasks in preparing older children for adoption are discussed in *Section 6530: Special Approaches for Preparing Older Youths for Adoption*).

b. The Role of the Adoption Worker

The role of the adoption worker is to:

- Perform regular case reviews with the permanency supervisor and permanency case manager to track cases moving toward adoption.
- Target cases that are likely to have a permanency goal of adoption and begin case preparation for adoption.
- Problem-solve with the permanency team for children with behavioral, emotional, developmental, and/or medical needs.
- Assist permanency case managers with:
 - » Completion and updating of social summaries.
 - » Preparation of birth parent, child, and caregiver for termination of parental rights (TPR).
 - » Court presentations.
 - » Witnessing of relinquishments.
 - » Completion of the *Confidential Report* for finalization of adoption.
- Assist in the selection process of an adoptive family.
- Update the home study for all potential adoptive families.
- Assist and/or guide the permanency case manager in preparing the documents required to support a child's need for a subsidy.
- Provide guidance on issues specific to adoption (e.g., dealing with grief and loss, maintaining connections) during concurrent planning.
- Assist and work with the permanency case manager to prepare the child and the birth and adoptive parents.
- Provide supervision of the adoptive home placement until the adoption is finalized.
- Review legal documents from attorneys in other jurisdictions to ensure they are in compliance with Nevada statutes.

c. Accessing the Adoption Worker

Adoption workers must be assigned as secondary workers when any child's permanency goal is changed to adoption. Adoption workers may be consulted when the permanency worker/supervisor considers requesting termination of parental rights (TPR) and/or is engaged in concurrent planning.

In order to involve an adoption worker in any case, the permanency supervisor will contact the adoptions supervisor via e-mail.

d. Voluntary Relinquishment of Parental Rights

While focused on reunification, the permanency case manager will also discuss other possible permanency outcomes with the parent(s) if reunification is not achieved. When the concurrent planning process that takes place in the Child and Family Team (CFT) meeting has determined that the permanency goal should be changed to adoption and the supervisor approves, the adoption social worker will work with the birth/legal parent(s) to explain the consequences of the termination of parental rights (TPR) via a Court intervention and the option for the parent(s) to voluntarily relinquish his/her rights. The permanency case manager **must not** support either choice but must clearly explain the options and consequences of each option.

At any time during the provision of permanency services, consideration may be given to seeking voluntary relinquishment of parental rights (see *Section 61110: Voluntary Relinquishment* in Adoption Policies and Procedures). Voluntary relinquishment acknowledges the parent's (parents') right to make decisions on behalf of his/her children and avoids the adversarial TPR legal process. It is a critical decision for parents because it permanently terminates their legal rights to their child(ren). While considering this decision, parents should have counseling, legal assistance, and/or other services from qualified staff who understand relinquishment, can provide the information that parents need, and are not the primary workers for the case. **The parents' decision must be made with no promises, pressure, or undue influence.**

Situations in which voluntary relinquishment must be considered include those where:

- Parents indicate verbally or through their behavior that they are unwilling or unable to care for their child(ren). The permanency case manager and adoption case worker must meet with the parents to discuss voluntary relinquishment of parental rights.
- Within the federally mandated time frames (within twelve [12] months of removal or when the child has been in out-of-home care for fourteen [14] of the most recent twenty [20] months), a parent(s) has failed to make substantial progress toward achieving his/her case plan objectives. The permanency case manager must meet with the parent(s) to discuss voluntary relinquishment of parental rights.

- The Family Court waives the reasonable effort requirements.

An adoption worker must participate in discussing voluntary relinquishment with the parent(s). When parents decide to voluntarily relinquish their parental rights, an adoption worker and, if reasonably possible, the parent's (parents') attorney must be present when the parent(s) completes/signs the required relinquishment documents (see *Section 61110.d: Relinquishment Forms* in Adoption Policies and Procedures).

- Voluntary relinquishment of parental rights is irrevocable and has **no** appeal process. If the parent(s) chooses voluntary relinquishment, the adoption social worker will assist the parent(s) in completing the *Relinquishing the Child for Adoption* form and obtaining a disinterested witness.

NOTE: In cases where children/families are eligible for protections under the Indian Child Welfare Act (ICWA), parents may withdraw the voluntary relinquishment at any time prior to the finalization of adoption.

- The adoption social worker will assist the parent(s) in completing the *Relinquishing the Child for Adoption* form and obtaining a disinterested witness. The adoption social worker will document in the case file that the birth/legal parent(s) was notified that voluntary relinquishment of parental rights is irrevocable.
- In cases of abandonment when the parent(s) is not available **at the end of six (6) months**, the permanency case manager and adoption social worker will meet with the permanency supervisor to determine whether it is appropriate to submit the case to the District Attorney's (DA's) Office for TPR.
- TPR has a thirty (30) -day appeal process. The permanency case manager will initiate and complete TPR if the parent(s) chooses not to relinquish his/her rights and there is a Court-approved adoption goal. See *Section 61110: Voluntary Relinquishment* in Adoption Policies and Procedures for more information about acceptance of a relinquishment, legal considerations of the relinquishment, the post-adoption contact agreement, and relinquishment forms.
- If one (1) parent decides to relinquish and the whereabouts of the other parent are known, the permanency case manager must inform the other parent and discuss permanency options for the child(ren) before the relinquishment is taken. If parents disagree about an appropriate plan for their child(ren), counseling or other services must be offered to assist them in reaching an agreement whenever possible.
- In cases where children/families are eligible for protections under ICWA, the relinquishment must be notarized before a Family Court judge.

The decision to accept a relinquishment is reviewed by the permanency case manager and permanency supervisor, as well as the adoption social worker and adoption supervisor.

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e. Court-Ordered Termination of Parental Rights

When parents fail to make reasonable progress toward achieving their case plan objectives within a reasonable period of time and decline voluntary relinquishment, the permanency case manager must begin the legal process of requesting termination of parental rights (TPR) (see *Section 51150: Termination of Parental Rights Hearings*).

Situations in which a request for TPR must be considered include those in which the parent(s) declines voluntary relinquishment and where:

- Parents indicate verbally or through their behavior that they are unwilling or unable to care for their child(ren). The permanency case manager and adoption case worker must meet with the parents to discuss voluntary relinquishment of parental rights.
- Within the federally mandated time frames (within twelve [12] months of removal or when the child has been in out-of-home care for fourteen [14] of the most recent twenty [20] months), a parent(s) has failed to make substantial progress toward achieving his/her case plan objectives. The permanency case manager must meet with the parent(s) to discuss voluntary relinquishment of parental rights.
- The Family Court waives the reasonable effort requirements.

The adoption worker informs the permanency case manager and assists in ensuring that the request to the Family Court for TPR is properly documented. (See *Section 6000: Adoption Policies and Procedures* for additional TPR guidelines.)

Documentation

Referral Process for Termination of Parental Rights

The referral to the District Attorney's (DA's) Office to terminate parental rights occurs when adoption is the permanency goal for the child and legal grounds for termination exist. The permanency case manager's recommendation to refer for termination of parental rights (TPR) must be reviewed by the permanency supervisor. The permanency case manager must:

- Complete the *TPR Worksheet and Checklist*.
- Answer all questions on the worksheet and provide supportive documentation.

- Describe all efforts to locate the parents, legal custodians, and/or legal guardians (a diligent search to locate them must have been completed).
- Complete TPR referral packets and submit them to the supervisor for approval and submission to the DA's Office within thirty (30) calendar days from the date that adoption is approved as the permanency goal by the Court or when the Department determines that filing for TPR is in the child's best interest.
- As part of the TPR process, determine whether the Indian Child Welfare Act (ICWA) applies to the case. Consult with legal counsel in these cases.

The TPR order allows the Department to have custody and control of the child, with the authority to place the child and consent to the child's adoption.

Documentation

5550. Legal Guardianship

Children may be placed in the legal guardianship of an adult other than their parents as a permanent living arrangement. It is not necessary that parental rights be terminated to place children in legal guardianship. Legal guardianship is an appropriate permanency plan only after:

- Parents fail to make substantial progress toward achieving their case plan objectives within a reasonable time (at maximum, within the federally required time frames), and therefore reunification has been ruled out.
- Adoption has been ruled out because:
 - » It is in the best interest of the child(ren) to be placed with a caregiver who is willing to become legal guardian but is unwilling to adopt.
 - » Termination of the parental rights of at least one (1) parent is not possible.
- Children fourteen (14) years of age and older have consented to being placed in the legal guardianship of the identified caregiver.

In addition to these requirements, to make the determination that legal guardianship is in a child(ren)'s best interest, the permanency case manager/supervisor must consider:

- The relationship of the child(ren) to the parent(s).
- The relationship of the child(ren) to the caregiver(s).
- The relationship of the parent(s) to the caregiver(s).

- The age of the child(ren) in relation to the age of the caregiver(s).
- Whether the financial status of the prospective legal guardian(s) is realistically sufficient to permit adequate care for the child(ren).

When legal guardianship has been determined to be in the child(ren)'s best interest, the permanency case manager must inform the prospective guardian that the Department will close its case and that the child(ren) and legal guardian(s) will be required to appear at an annual hearing in Family Court. (See *Section 51160: Legal Guardianship Hearings*.)

(See *Section 5600: Case Planning* for a description of preparing the case plan).

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5560. Permanent Placement With a Fit and Willing Relative

Permanent placement with a fit and willing relative may be selected as the permanency goal only when:

- Parents fail to make substantial progress toward achieving their case plan objectives within a reasonable time (at maximum, within the federally required time frame), and therefore reunification has been ruled out.
- The child is placed with a relative caregiver.
- It is in the best interest of the child to remain with the relative caregiver.
- The relative caregiver declines to adopt the child.
- The relative caregiver declines to accept legal guardianship of the child.

In addition to these requirements, to make the determination that permanent placement with a fit and willing relative is in a child(ren)'s best interest, the permanency case manager/supervisor must consider:

- The relationship of the child(ren) to the parent(s).
- The relationship of the child(ren) to the relative caregiver(s).
- The relationship of the parent(s) to the relative caregiver(s).
- The age of the child(ren) in relation to the age of the relative caregiver(s).

- Whether the financial status of the relative caregiver(s) is realistically sufficient to permit adequate care for the child(ren).

When permanent placement with a fit and willing relative is the permanency arrangement, the Department retains wardship, the Department's case must remain open, and the **Permanency Services Policies and Procedures** must be adhered to. The relative caregiver(s) must be informed of this and that the permanency case manager will continue to visit the relative caregiver(s) on at least a monthly basis. (See *Section 5600: Case Planning* for a description of preparing the case plan).

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5570. Other Planned Permanent Living Arrangements

Under some limited circumstances, it may be determined that it is not realistic to plan for the reunification, adoption, long-term relative placement, or legal guardianship of particular children. In such cases, other planned permanent living arrangement (OPPLA) may be identified as the child's permanency goal. Examples of children for whom this goal may be used include:

- Older (over fourteen [14] years of age) children who have clearly expressed, verbally and through their actions, that they are unwilling to accept another permanency arrangement.
- Children who are severely and permanently disabled (e.g., permanently ventilator-dependent, in a permanently vegetative state).

OPPLA may be selected only when:

- It is determined by the permanency case manager and supervisor, in conjunction with the Child and Family Team (CFT) **and** with the approval of the assistant manager, that no other permanency option is reasonable.
- **Compelling reasons** (documented on the *Compelling Reasons Checklist*) that no other permanency options are reasonable have been submitted to the Family Court and the Court approves OPPLA as the child's permanency goal.

Whenever OPPLA is the permanency goal for a child, the permanency case manager develops the OPPLA plan with the youth. The permanency case manager must include case plan tasks and objectives designed to facilitate the child's transition to his/her independence from the Department. See *Section 6530: Special Approaches for Preparing Older Youths for Adoption* for additional information.

Documentation

5580. Concurrent Planning

Some families whose children have been placed in out-of-home care can be identified as presenting an elevated risk of failing to achieve their case plan objectives. Because children need permanent families in which to grow up, concurrent planning is conducted when such risk is identified. Concurrent planning is an approach in which the permanency case manager works with the family toward a primary permanency goal (usually reunification) while, at the same time, implementing an alternative permanency plan. For example, while efforts toward reunification continue, the child is placed in a foster home that is prepared for adoption. This approach speeds the achievement of permanency for children from families that are unable to rectify the problems leading to a child(ren)'s removal in a timely way.

Families are identified for concurrent planning using *Nevada's Guide for Concurrent Planning*. The guide must be used with all children in out-of-home placements following the family assessment. The guide identifies factors (i.e., an assessment of the family's strengths and an identification of risk factors) that may suggest that reunification will not be possible within a reasonable time and that, without an alternative plan, there is the likelihood of long-term foster care.

Once the need for concurrent planning is identified, an alternative permanency goal must be selected and implemented. It is important to recognize that the indicators identified in the guide are not absolute predictors of case outcomes but rather are risks that increase the likelihood that the child(ren)'s stay in foster care will be extended.

When implementing concurrent planning, the permanency case manager must:

- Work with the parent(s), children, extended family members, and other Child and Family Team (CFT) members and review case records to identify extended family who may become permanent caregivers.
- If no extended family member is identified as a potential permanent caregiver, the permanency case manager must work with the parent(s), children, extended family members, and other CFT members and review case records to identify adults who are not related to the child(ren) but with whom the child(ren) has a significant relationship (fictive kin) and who may become permanent caregivers.
- Convene a staffing at ten (10) months from removal if any of the following conditions apply:

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5590. Permanency Staffing

In order to facilitate the timeliest attainment of permanency living arrangements for children in out-of-home care, whenever children have been in out-of-home care for ten (10) months the permanency supervisor must convene a permanency staffing when the following conditions apply:

- No TPR has been referred,
- No guardianship has been referred, or
- No reunification CFT has been scheduled.

The permanency staffing must include the permanency case manager, the permanency supervisor, and the assistant manager. In addition, other Department staff (e.g., the adoption worker or supervisor) may participate. The purposes of the permanency staffing are to:

- Identify any barriers to attainment of the permanency goal.
- Develop a concrete plan to address any identified barriers.
- Consider recommending a change in the primary permanency goal.

55100. Termination of Wardship

In some circumstances, children in out-of-home care will approach adulthood and will not have been reunified, adopted, placed in legal guardianship, placed in long-term relative care, or placed in other permanent living arrangements. In such cases, it is the permanency case manager's responsibility, through the case planning and service provision processes, to prepare the child for independence. Under most circumstances, wardship is terminated when children in out-of-home care reach the age of eighteen (18).

Termination of wardship may occur:

- With the agreement of the child (who has declined to sign the *Voluntary Agreement to Remain in Substitute Care*).
- Without the agreement of the child following a hearing in Family Court.

All wardship terminations require supervisory approval and the approval of the Court.

(See Section 51170: *Termination of Wardship*.)

Under certain circumstances, children may be maintained in wardship between the ages of eighteen (18) and twenty-one (21). These circumstances include situations where:

- The child has identified special needs and further preparation or arrangement is necessary before wardship is terminated.
- The child has not been identified as having special needs but further preparation is necessary before wardship is terminated and the child is cooperative with the preparation effort.

When children are absent without legal permission (AWOLP), termination of wardship may be recommended before the child's eighteenth birthday. Termination of wardship for children who are AWOLP may be recommended to the Family Court only after:

- The child has been AWOLP for twelve (12) months.
- All required efforts to locate the child (see *Section 5800: Children Who Are Absent Without Legal Permission*) have been made.

5600. Case Planning

The case plan constitutes the blueprint for the permanency services process and serves as a contract between the Department and the family.

The case plan comprises (3) major components:

- **Child's *Permanency Goal*** – The permanent living arrangement identified as the goal for the child.
- **Case Plan *Objectives*** – The changes that must occur in order for the permanency goal to be attained.
- **Case Plan *Tasks*** – The specific steps that must be accomplished in order for the case plan tasks to be achieved.

The case planning process is a continuation of the engagement process in which the permanency case manager builds a working alliance with the family. Case planning must be a collaborative effort involving the family, the permanency case manager, and the other members of the Child and Family Team (CFT). The case planning process must be:

- Collaborative.

- Structured.
- Family-focused.
- Strength-based.
- Solution-focused.

The case plan outlines the services and other activities undertaken by the family, the permanency case manager, the child, the out-of-home caregiver and other members of the CFT. The case plan specifically identifies:

- The primary and alternative permanency goals for each child listed on the case plan.
- The family behaviors, characteristics, and/or conditions that must change so that the family can provide for the child's safety and well-being and so that the child(ren) can be returned to the family.
- Services/activities to be provided to help bring about necessary change(s).
- The child(ren) well-being issues (e.g., medical/dental care, education) to be addressed while the child(ren) is in out-of-home care.
- Services/activities to be undertaken to ensure the child(ren)'s well-being.
- A family visitation plan, including the frequency of, supervision requirements for, participants in, and location of visits between children in out-of-home care and their parent(s)/caregiver(s).
- If applicable, a sibling visitation plan, including the frequency of, supervision requirements for, participants in, and location of visits between siblings placed in different out-of-home care settings.
- Individual(s) responsible for initiating and completing each service/activity.
- Timelines for completion of services/activities.
- Frequency/intensity of the services/activity.
- Means of measuring the family's progress in making changes.

The case plan is developed using information about the family's strengths and issues and the child(ren)'s needs identified by the family, members of the CFT, and others during the:

- CPS investigation.
- Risk assessment.

- *Nevada Safety Assessment.*
- *Out-of-Home Placement Safety Check.*
- *NCFAS-G+R (LV) Assessment of Family Functioning.*
- Information Collection Standard (ICS).
- *NIA Summary.*
- Special assessments of parent/caregiver functioning (e.g., substance abuse or sex offender evaluations).
- Special assessments of child functioning (e.g., developmental or educational evaluations).
- Members of the CFT.

The case plan must be focused on the family characteristics, behaviors, and actions that have led to the removal of the children from the parent's (parents') custody. It is a time-limited plan that includes goals, objectives, and tasks. The standard elements of the case plan are presented below.

- The primary and alternative permanency goals.
- Specific safety and risk factors must be addressed by the case plan.
- Solutions and objectives are elicited from the family through solution-focused interviewing.
- The history of services provided and their outcomes are considered to identify what has worked for the family in the past.
- A description of the family's needs.
- The strengths of the family and children that can be applied toward meeting plan objectives.
- Child assessment information, including physical health, mental health, and educational status/needs.
- Identification of services and activities designed to meet the case plan objectives.
- A visitation plan outlining the frequency and conditions of visitation between children and their parents.
- A visitation plan outlining the frequency and conditions of visitation between children and their siblings.
- In cases where the family has limited English proficiency, every effort must be made to translate the case plan document into the family's language.

5610. Time Frames for Case Planning

Services are more likely to be effective when begun immediately. It is important that the formal case plan be developed soon after the Assessment of Family Functioning is completed. The required time frames are as follows:

- The initial formal case plan must be completed prior to the Report and Disposition (R&D) Hearing and no more than twenty-five (25) business days from the Transitional Child and Family Team (CFT) meeting.
- The formal case plan must be evaluated, and revised as necessary, with the following frequency:
 - » Thirty (30) calendar days from completion of the initial case plan.
 - » Sixty (60) calendar days from completion of the initial case plan.
 - » Ninety (90) calendar days from completion of the initial case plan.
 - » Every ninety (90) days thereafter.
- A new case plan must be developed within fifteen (15) business days of any termination of parental rights (TPR) order.
- The case plan must be evaluated as part of the case closing assessment.

Case Plans Required During Permanency Services

Case Plan	Time Frame/Milestone
Transitional Case Plan ¹	At the Transitional CFT meeting.
Initial Formal Case Plan	Prior to the R&D Hearing and no more than twenty-five (25) business days from the Transitional CFT meeting.
Ongoing Formal Case Plans	Reviewed thirty (30), sixty (60), and ninety (90) days from completion of the formal case plan and every ninety (90) days thereafter.
Reunification Case Plan	Whenever the permanency case manager and supervisor determine that reunification may be possible within thirty (30) days.

¹ This is not a formal case plan and must be documented on the *CFT Summary Form*.

Case Plan	Time Frame/Milestone
TPR Case Plan ²	Within fifteen (15) business days of any TPR order.
Closing Case Plan ³	Thirty (30) days before the planned closing of the permanency services case.

5620. The Formal Case Planning Process

The case planning process must be completed at the Formal Case Planning Child and Family Team (CFT) meeting. The permanency case manager must review the assessment results with the family prior to the Formal Case Planning CFT meeting. At minimum, the case planning meeting must be attended by the custodial parent(s)/legal custodian, any children fourteen (14) years of age and older, and the permanency case manager. Children under the age of fourteen (14) may attend as agreed upon by the child, the child's parent(s), and the permanency case manager. CFT members include people who are committed to the family and child(ren) and who are invested in helping the family improve its capacity to safely care for the child(ren) and to provide for the child(ren)'s well-being. It is important that the membership of the CFT remain as consistent as is reasonably possible during the provision of permanency services.

To an extent, the membership of the CFT is the family's decision. The permanency case manager must help the family identify potential members by ascertaining whom they turn to when they need help. The permanency case manager has the authority to exclude potential CFT members if there is reason to believe that they will be disruptive to the process. Every effort must be made by the permanency case manager to arrive at a consensus with the family about CFT membership. In cases where holding a CFT meeting with both parents results in a process that is not productive, it may be necessary to negotiate an alternative CFT process (e.g., a separate CFT meeting for each parent). The permanency case manager must make every reasonable effort to facilitate a CFT process that meets the needs of all family members.

Most often, members of the team include:

- The parent(s).
- Any other important caregiver(s) (e.g., stepparents, a parent's significant other).
- The child(ren) (children fourteen [14] years of age and older must attend).

² The TPR case plan must include objectives and tasks for the child, the permanency case manager, and the out-of-home caregiver. It will not include objectives or tasks for any parent(s) whose parental rights have been terminated. The parent(s) whose parental rights have been terminated will not sign the case plan.

³ This is not a formal case plan and must be documented on the *CFT Summary Form*.

- Other concerned family members.
- The permanency case manager.
- Out-of-home caregiver(s).
- Service providers.
- The family's and child(ren)'s attorneys, if applicable.

Documentation

a. Describe the Family Members' Perceptions of the Safety and Risk Concerns

The permanency case manager facilitates a discussion with the Child and Family Team (CFT) members to elicit the family's understanding of the reason(s) the children were removed from the parent's (parents') custody. This discussion will help the family identify exactly what changes must occur to ensure the safety and well-being of the child(ren) if (s)he were returned to the custody of his/her parents.

Documentation

b. Describe the Strengths of the Family and Child(ren)

The permanency case manager facilitates a discussion with the Child and Family Team (CFT) members to elicit the family's perceptions of its strengths as a unit and of each of its members. The permanency case manager must help the family identify at least one (1) realistic strength for the family and one (1) strength for each of its members. Once strengths have been identified, the permanency case manager facilitates discussion about how the family's strengths can be used to achieve positive outcomes.

Documentation

c. Describe the Specific Safety/Risk Factors to Be Addressed by the Case Plan

The permanency case manager must identify:

- Each substantiated allegation.
- Each safety factor identified in the most recent safety assessment.

- Each risk factor identified as a mild, moderate, or serious problem on the Assessment of Family Functioning (NCFAS-G+R [LV]).
- Any other issues related to the maltreatment or risk of future maltreatment identified by members of the Child and Family Team (CFT).
- Any other issues (e.g., results from special assessments) that pertain to the family and are relevant to safety and risk.

The permanency case manager must then facilitate a discussion of the relationship between the maltreatment and the risk and safety factors.

d. Describe Child Assessment Information

The permanency case manager must facilitate a discussion about the well-being needs of the child(ren) in out-of-home care. This must include identification of the child(ren)'s well-being needs identified during the assessment or by any Child and Family Team (CFT) member, including any need for:

- Routine or special medical/dental care.
- Mental health assessment or care.
- Developmental assessment/services.
- Educational assessment/services.
- Substance abuse assessment/services.
- Self-sufficient skills for youth fifteen (15) years of age or older.
- Services to address the result of any special assessment.

e. Describe Services Offered/Provided to the Family to Date

The permanency case manager must facilitate a discussion of any services:

- Previously received by the family related to the identified risk/safety factors or to previous maltreatment.
- Currently provided to the family as part of the transitional case plan.

This discussion must include the family's perception of the benefits and difficulties associated with the services (i.e., what has worked and what has not worked).

f. Case Plan Objectives

Case plan objectives are the broad goals of the family's permanency case plan. Each permanency case plan must include objectives related to:

- The parental behaviors, actions, and conditions making out-of-home care necessary.
- The well-being needs of the child(ren) while and after they are in out-of-home care.

(i) Case Plan Objectives for Parents/Caregivers

Case plan objectives to be achieved by the parent(s)/caregiver(s) drive the permanency aspects of the case plan. When case plan objectives are met, the family's behaviors, actions, and conditions are sufficiently changed so that the children and parents can be safely reunified. Case plan objectives for parents must:

- Address the issues creating the need for out-of-home care.
- Be realistically attainable.
- Focus on changing the family's maladaptive behavior.
- Focus on enhancing the family's capacity to safely care for its children and provide for their well-being.
- Identify the minimally acceptable level of change.
- Include a realistic time frame within which the objective will be achieved.

Some examples of parents' case plan objectives are as follows:

- Mother will demonstrate effective ways to manage her own anger.
- Parents will obtain a safe home with functioning utilities.
- Parents will demonstrate their ability to address the child's need for medical attention.
- Parents will demonstrate skills in resolving their differences in a nonviolent way.
- Father will remain consistently drug-free and sober.
- Parents will demonstrate their ability to use disciplinary techniques other than corporal punishment.

At a minimum, case plan objectives must address each identified safety factor in the safety assessment and each risk factor identified as a moderate or serious problem by the Assessment of Family Functioning (NCFAS-G+R [LV]).

Documentation

(ii) Case Plan Objectives for Children

Each case plan must include objectives addressing the well-being of the child(ren) while (s)he is in out-of-home care. At minimum, each case plan must include objectives related to each child(ren)'s:

- Physical health.
- Mental health.
- Development.
- Education.
- Special needs.
- Self-sufficiency skills (all children fifteen [15] years of age or older).

If the risk factor identified in the NCFAS and the safety threat identified in the safety assessment coincide, they can be addressed in one (1) case plan objective. In addition, case plans must include objectives responsive to any special issues (e.g., substance abuse or delinquent behavior) identified during the assessment or while the child is in out-of-home care.

Some examples of case plan objectives for children are as follows:

- Child will learn to follow reasonable directions from his/her parent and out-of-home caregiver.
- Child will be enrolled in and will attend school regularly.
- Child will receive prescribed care for an identified medical condition.
- Child (fifteen [15] years of age and older) will be successfully prepared for independence.

Documentation

g. Case Plan Tasks

Case plan tasks are action steps to be taken by the family, the child, the permanency case manager, or other members of the Child and Family Team (CFT) in order to achieve the case plan

objectives. For each case plan objective, a task or a series of tasks must be identified. Each case plan must include tasks focused on resolving the issues leading to removal (parent-related tasks), as well as tasks focused on the well-being of children in out-of-home care (child-related tasks). Each case plan must include at least one (1) task to be completed by the permanency case manager.

Case plan tasks must specify:

- What will be done.
- Who will do it.
- When (date) it will be completed.

Some examples of child-related case plan tasks are as follows:

- The relative caregiver will take the child to all medical appointments and make sure that the child receives daily medicine.
- The permanency case manager will facilitate and attend the child's Individualized Education Plan (IEP) meeting.
- The child will attend weekly drug treatment meetings.
- The child will participate in the independent living skills assessment.

Some examples of parent-related case plan tasks are as follows:

- The mother will attend an intake meeting at the mental health center arranged by the permanency case manager no later than two (2) weeks from today's date.
- Parents will attend all visits with children. During the visits, the parents will allow the person(s) observing the visit to make suggestions to improve the parents' ability to care for their children.

Documentation

h. Timelines for Tasks and Objectives

Case plans must include specific time frames within which every case plan task and every case plan objective must be completed. While these may be revised when the case plan is evaluated, it is important that the timelines are realistic.

i. Measurement of Success

For each case plan, observable/verifiable criteria for measuring progress must be specified so that it will be clear to the permanency case manager whether there has been progress in achieving the objective. Examples of these criteria are as follows:

- The drug treatment provider reports that the father has actively participated in his treatment program and has not shown evidence of continued/renewed drug use.
- The family will obtain a safe and otherwise suitable home and will maintain it for ninety (90) days.
- The healthcare provider will report that the mother has regularly attended the child(ren)'s medical appointments and has demonstrated an understanding of her role in meeting the child(ren)'s medical needs.
- Parents have demonstrated their bond with the child(ren) by regularly attending visits and by interacting with the child(ren) in an appropriate manner.

j. Specify the Visitation Plan

The permanency case manager must plan for visitation between:

- Parents and children in out-of-home care.
- If applicable, siblings placed in separate out-of-home settings.

Visitation must be frequent and consistent to sustain family relationships. The visitation plan must specify:

- The frequency of the visits.
- The duration of visits.
- Who will attend the visits.
- Transportation for family members, including children and parent caregivers, to the visits.
- The location of the visits.
- Conditions for the visits (e.g., will visits be supervised and, if so, by whom).
- A mechanism for canceling visits if necessary.

NOTE: See Section 51000: Parent/Child and Sibling Visitation.

k. Finalizing the Initial Case Plan

To finalize the case plan:

- The permanency case manager must complete the case plan document, as developed during the Formal Case Planning Child and Family Team (CFT) and written in language that the family can easily understand, in UNITY and submit it to his/her supervisor within two (2) business days of the Formal Case Planning CFT meeting.
- The permanency supervisor must review and approve or amend the case plan in UNITY within two (2) business days of the permanency case manager's completion of the case plan documentation in UNITY.
- The permanency case manager must make any amendments required by the permanency supervisor.
- Within one (1) business day of the supervisor's review, the permanency case manager must forward the case plan approved by the permanency supervisor to the attorney(s) representing the parent(s) and child(ren) (CAP attorneys) by e-mail or fax. Information about the date and time that the permanency case manager plans to present the finalized case plan to the parent(s) must be included in the e-mail or fax transmittal.
- Within two (2) working days of the permanency supervisor's review, the permanency case manager must:
 - » Present the case plan to the family and discuss any revisions made by the permanency supervisor,
 - » Present the Adoption and Safe Families Act (ASFA) requirements to the parent(s), ensures that (s)he understands the requirements, and obtain the parent(s) signature on the *ASFA Parent Acknowledgement Form*. The *ASFA Parent Acknowledgement Form* documents the parent's (parents') rights to access services and lists ASFA timeline requirements for filing the termination of parental rights (TPR) petition, and
 - » If at all possible, obtain the family members' signatures on the case plan document.

NOTE: If a translated case plan is necessary and is not immediately available, an interpreter will accompany the permanency case manager to interpret the case plan.

If at all possible, signatures of other CFT members who are assigned responsibility for any tasks must also be obtained; the signatures can be obtained at a later date, and the reason for doing so must be documented in a UNITY case note. The permanency case manager must provide the family and other members of the CFT who participated in the Formal Case Planning CFT meeting with a copy of the completed case plan.

NOTE: In situations where it has been determined that a separate case plan must be developed for each parent, the respective parent must receive a copy of his/her case plan and the participants of the respective CFT receive a copy of the plan(s) they participated in developing.

Documentation

5630. Evaluating and Updating the Case Plan

Permanency services case plans must be evaluated and updated after thirty (30) and sixty (60) days from the completion of the formal case plan and every ninety (90) days thereafter. Case plan evaluation occurs during a Case Plan Review Child and Family Team (CFT) meeting convened for that purpose. Prior to the Case Plan Review CFT meeting, the permanency case manager must:

- Complete a new safety assessment considering the child(ren)'s safety as if (s)he were living with his/her parent(s)/caregiver(s).
- Complete the *Out-of-Home Placement Safety Check*.
- Evaluate the Assessment of Family Functioning (NCFAS-G+R [LV]) to identify changes in risk ratings.
- Contact the providers of services included on the case plan to gather information about the family's progress in completing case plan tasks and achieving the case plan objectives.
- Staff with the permanency supervisor.

NOTE: Consider supervisory attendance at the Case Plan Review CFT meeting.

At the Case Plan Review CFT meeting, the permanency case manager must facilitate a discussion of each task and objective listed on the case plan in order to:

- Determine the family's progress in completing case plan tasks.
- Determine the family's progress toward achieving case plan objectives.
- Identify and address any obstacles or barriers to success.

a. Families That Demonstrate Progress

When families demonstrate the capacity and willingness to change behaviors and conditions that have led to maltreatment and to the removal of their children, consideration may be given to making changes in the case plan.

- *Case Plan Tasks* – Progress/compliance in successfully completing case plan tasks may result in:
 - » Identifying tasks as having been successfully completed and/or as being no longer applicable.
 - » Reducing the frequency/intensity of tasks.
 - » Reducing the frequency/intensity of monitoring conducted by the permanency case manager.
 - » Increasing the frequency of family visits with children in out-of-home care.
- *Case Plan Objectives* – Progress in achieving case plan objectives may result in:
 - » Considering identifying case plan objectives as having been achieved.
 - » Reducing the frequency/intensity of tasks.
 - » Reducing the frequency/intensity of monitoring conducted by the permanency case manager.
 - » Increasing the frequency/duration and decreasing the level of supervision of family visits.
 - » Considering reunification.

NOTE: The simple fact that the family has completed a task or service is not, in and of itself, progress in achieving a case plan objective. For example, the fact that the family has regularly attended parent training classes must not be considered progress in achieving the related case plan objective unless the family demonstrates an observably improved capacity for child care. Conversely, the fact that the family has not completed a task or service does not, in and of itself, represent the family's failure to achieve a case plan objective. For example, the fact that the family has not regularly attended parent training classes must not be considered failure to achieve the related case plan objective unless the family demonstrates an unacceptable level of improvement in its capacity for child care.

b. Families That Fail to Demonstrate Progress

Some families will fail to demonstrate the ability or willingness to complete case plan tasks and/or fail to make progress in achieving case plan objectives. In general, these failures require changes in the case plan.

- *Case Plan Tasks* – Failure to successfully complete case plan tasks may result in:

- » Changing the nature of a case plan task (e.g., changing from outpatient to inpatient drug treatment).
- » Increasing the frequency/intensity of tasks.
- » Increasing the frequency/intensity of monitoring conducted by the permanency case manager.
- » Increasing the frequency of family visits by the permanency case manager.
- *Case Plan Objectives* – Failure to demonstrate progress in achieving case plan objectives may result in:
 - » Adding new case plan tasks.
 - » Increasing the frequency/intensity of tasks.
 - » Increasing the frequency/intensity of monitoring conducted by the permanency case manager.
 - » Increasing the frequency of family visits by the permanency case manager.
 - » Considering concurrent case planning.
 - » Considering a change in the permanency goal to a goal other than reunification.
 - » Considering initiating termination of parental rights (TPR).

NOTE: Changing a permanency goal from reunification and initiating TPR may not be considered **simply** because of a family's noncompliance with case plan tasks. Changing a permanency goal from reunification and initiating TPR may be considered only when the family has failed to demonstrate progress in achieving case plan objectives within a reasonable period of time (see *Section 6430: Voluntary Relinquishment or Termination of Parental Rights*).

c. Updating the Case Plan

When, following a Case Plan Review CFT meeting, it is necessary to update the case plan document, the permanency case manager may copy the old case plan into a new case plan to create a new case plan with the necessary updates in UNITY, as well as the appropriate case plan screens in UNITY (see *Section 5620: The Formal Case Planning Process* for details on completing the relevant case plan document and case plans screens in UNITY).

The permanency supervisor must review the hard copy of the case plan document within four (4) business days of the Transitional CFT meeting. The permanency supervisor must approve or deny the case plan in UNITY.

When the permanency supervisor has approved the case plan document, s(he) must sign it. The permanency case manager must explain the updates to the involved parties and have them sign the updated case plan document. The permanency case manager is responsible for giving a signed copy to the family and placing the original signed copy in the case file.

When the permanency supervisor has denied the case plan document and revisions are necessary, the case plan document must be returned to the permanency case manager no later than two (2) business days after it was submitted to the permanency case supervisor. The permanency case manager must make the required changes and meet with the family to discuss the changes and to sign the case plan document within two (2) business days of receiving it back from the permanency supervisor. The permanency supervisor must sign the document once the necessary changes have been made to it and it has been reviewed with the family by the permanency case manager.

If the case is Court-involved, the permanency case manager must file the updated case plan document with the Court. (See *Section 51120: Report and Disposition Hearing*.)

Documentation

5700. Service Provision

Permanency services include:

- Direct service to families and their children from the permanency case manager.
- Services provided by other Department staff.
- External services received from outside agencies and providers.
- Supports and services received from extended family and other nonprofessional members of the Child and Family Team (CFT).

Documentation

5710. Direct Services to Children Placed in Out-of-Home Care

The permanency case manager must provide professional casework service to all children living in out-of-home care. In addition to interventions designed to ensure safety and timely permanency, direct services to children in out-of-home care focus on the child(ren)'s well-being. Well-being services address issues that affect the child as s(he) lives in out-of-home care, as well as issues

that will affect the child in his/her permanent living arrangement. These child well-being issues include, but are not limited to, issues related to the child(ren)'s:

- Physical health.
- Mental health.
- Psychosocial development.
- Education.
- For children fifteen (15) years of age and older, preparation for self-sufficiency.

From the child(ren)'s perspective, the permanency case manager is the lifeline keeping the child connected with his/her family and to services necessary to his/her safety and well-being. The relationship between the permanency case manager and the child is, therefore, a key component of permanency service. The permanency case manager must engage children in a relationship that:

- Demonstrates the permanency case manager's commitment to the child(ren)'s safety and well-being and to enhancing the child(ren)'s sense of emotional security.
- Establishes the child(ren)'s trust so that the child(ren) will feel free to honestly discuss his/her situation in the family.
- Consistently supports **reasonable** attempts on the part of the out-of-home caregivers and the child(ren)'s parent(s) to set limits on the child(ren)'s behavior.

Documentation

a. **Permanency Case Manager Contact With Children in Out-of-Home Care**

To establish and maintain the appropriate relationship with children in out-of-home care and to ensure their safety, the permanency case manager must spend sufficient time with the children so that the case manager and children know each other. The case manager must be available to the children and must be obviously and reliably responsive to issues that are important to children in out-of-home care. The permanency case manager's efforts to engage the child(ren) will be more effective if they are made with obvious regard and respect for the family and with sensitivity to the child(ren)'s culture. The permanency case manager must also have regular and frequent in-person contact with children in out-of-home care in order to detect threats to their safety in their out-of-home living arrangements.

Documentation

(i) Frequency of In-Person Visits With Children in Out-of-Home Care

In addition to contact with children at Child and Family Team (CFT) meetings, family visits, and Court hearings, the permanency case manager must visit a child(ren) in out-of-home care as follows:

- If at all possible, within twenty-four (24) hours, and no longer than seventy-two (72) hours, of the Transitional CFT meeting or any change of placement, the permanency case manager must visit the child in the out-of-home caregiver's home, to:
 - » Meet the child(ren), if applicable.
 - » Discuss any placement change with the child, including:
 - The reason for the placement change in an age-appropriate manner and in a language that the child can understand.
 - The child's feelings, fears, and expectations related to the change.
 - » Begin to assess the suitability of the placement.
 - » Begin to evaluate the child(ren)'s adjustment to placement.
 - » Assess the child(ren)'s safety in the out-of-home setting.
 - » Identify and address any immediate needs.
- During the first three (3) weeks following the Transitional CFT meeting or any change of placement (excluding planned respite), the permanency case manager must visit the child(ren) once per week at the placement setting or elsewhere to:
 - » Continue to engage the child(ren).
 - » Assess the suitability of the placement.
 - » Evaluate the child(ren)'s adjustment to placement.
 - » Assess the child(ren)'s safety in the out-of-home setting.
 - » Identify and address any well-being needs.
 - » Provide support to the out-of-home caregiver.
- After the first three (3) weeks following the Transitional CFT meeting or change in placement, the permanency case manager must visit the child(ren) at the out-of-home placement setting once every thirty (30) days. The permanency case manager must also attempt to visit the child(ren) in a setting other than the out-of-home placement setting (school, day care, etc.) at least once every other month. The permanency supervisor may alter the required frequency and location of the visits.

NOTE: Federal regulations require that a minimum of fifty-one (51) percent of visits with children placed in out-of-home care take place in their out-of-home care placement.

Based on the circumstances presented by individual cases, the permanency supervisor may alter the required frequency of the permanency case manager's in-person contact with children in out-of-home care. Any such alteration must be based on considerations related to the safety, permanency, and well-being of the involved child(ren).

If circumstances present a need for the frequency of child contacts to change, the permanency worker must staff the case with his/her supervisor. The permanency supervisor may alter the frequency of the child's contact and (s)he must document the following in UNITY case notes:

- Date request made.
- Staff making the request.
- Reason/justification for the request.
- Past frequency.
- Requested new frequency.
- How this will affect the child(ren)'s safety, permanency, and well-being.
- Supervisor's approval/denial **and reason**.

Under no circumstances may visits to children in out-of-home care be reduced to a frequency of less than one (1) in-person contact per thirty (30) -day period.

Documentation

(ii) Purposes of Visits With Children in Out-of-Home Care

The purposes of the permanency case manager's in-person contact with a child(ren) in out-of-home care are:

- To build and maintain a trusting/caring relationship with the child(ren) by:
 - » Becoming acquainted with him/her.
 - » Learning about, and demonstrating the permanency case manager's interest in, the child(ren)'s interests, likes, and dislikes.
 - » Demonstrating responsiveness to any well-being needs identified by the child(ren).

- » As appropriate given the child(ren)'s age, development, and the nature of the case situation, openly and honestly addressing the progress toward achievement of a permanent living situation for the child(ren).
- To monitor the child(ren)'s ongoing safety in the out-of-home setting by:
 - » Observing the child(ren) to identify any signs of maltreatment (e.g., suspicious marks or weight loss).
 - » Observing the child(ren)'s interaction with the caregiver.
 - » Observing the child(ren)'s environment to identify safety hazards.
 - » Privately talking with the child(ren) to elicit information about any maltreatment.
- To give the child(ren) the opportunity to speak about any issues, problems, or concerns related to the placement situation.
- To discuss the child(ren)'s reaction to any visits with his/her birth parents.
- To identify any apparent emotional, psychological, or developmental issues needing professional assessment.
- To assess whether the caregiver and child(ren) are well matched.
- To let the child(ren) know that the permanency case manager is always available to address issues confronted by the child.

(iii) Conducting Visits With Children in Out-of-Home Care

When having in-person contact with an involved child(ren):

- The permanency case manager must interview verbal children outside of the presence of the child(ren)'s out-of-home caregiver.
- The permanency case manager must interview child(ren) individually.
- If reasonably possible (e.g., the child is not an infant or severely developmentally delayed), contact with the involved child(ren) must be made both in the child(ren)'s out-of-home placement and at another location (e.g., the child's school or child care).

All interviews with a child(ren) must be conducted taking the child(ren)'s age, development level, culture, and emotional state into account. An important purpose of the interview is to establish a meaningful rapport with the child(ren). The permanency case manager must, to the extent possible, put the child(ren) at ease at the beginning of the interview. After greeting the child(ren), the permanency case manager must, in age-appropriate language:

- Explain the purpose of the visit and of the permanency case manager's role (i.e., to be sure the child[ren] is safe and that [s]he is getting any help that [s]he needs).
- Engage the child(ren) by discussing neutral issues not necessarily related to out-of-home care (i.e., extracurricular activities, friends, sports, and pets).
- Observe the child(ren)'s behavior (i.e., whether the child's behavior and social skills are consistent with the child[ren]'s age, developmental status, and circumstances). Identify any inconsistencies from expected behavior.
- Determine whether the child(ren) meets reasonable expectations for height and weight, as well as speech and motor skills.
- Discuss issues related to the child(ren)'s well-being, including:
 - » School attendance and progress, including a discussion of any identified educational issues.
 - » Medical status, including discussion of any recent medical care/appointments.
 - » Any other identified special needs.
- Help the child(ren) identify and express his/her feelings about his/her placement in out-of-home care.
- Help the child(ren) understand his/her continued need for placement and upcoming placement-related activities (e.g., Court hearings, visits, Child and Family Team [CFT] meetings).
- Talk with the child(ren) about any siblings (if placed apart).
- Determine whether the child(ren) is fearful of anyone who lives in or visits the out-of-home setting.
- In a neutral and nonspecific way, explore with the child whether there has been any maltreatment (e.g., ask the child if and how [s]he has been disciplined recently).
- Observe the child(ren) to determine whether any signs of abuse or neglect are present (e.g., a child has injuries or marks, is inordinately dirty, or appears undernourished).
- If any signs of abuse/neglect are observed, ask the child(ren) about them (e.g., ask how injuries/marks were received; why the child is so dirty; or when, what, and how much is (s)he fed).
- If, during the visit to the child(ren), any of the following take place, the permanency case manager must observe those parts of the child's body necessary to refute or confirm the presence of evidence of maltreatment:
 - » The child reports the presence of marks,

- » The permanency case manager observes marks on uncovered portions of the child's body, or
- » The permanency case manager otherwise develops a reasonable suspicion of maltreatment.

When it is necessary to remove or lift the child's clothing in order to make this observation, the permanency case manager must adhere to the following procedure:

- » As often as is reasonably possible, another professional person, preferably of the same sex as the child, must be present when a permanency case manager observes a child by lifting or removing clothing, regardless of the child's age.
- » The permanency case manager shall not observe any part of a child's body which would normally be covered by a bikini bathing suit if the child is ten (10) years of age or above, unless the permanency case manager is of the same sex as the child.
- » Children who are verbal shall be told the purpose of the observation and the necessity for it in words that they can understand. If the child is hearing-impaired or does not speak English, the mode of communication that the child uses shall be employed (sign language, foreign language, etc.).
- » The permanency case manager shall **never** attempt to physically examine a child for alleged sexual abuse.

NOTE: Whenever the permanency case manager has reasonable cause to believe that any child has been abused or neglected, (s)he must contact the Hotline. Although the permanency case manager may consult with the permanency supervisor prior to calling the Hotline, supervisory consultation shall not unreasonably delay the call. Under no circumstance shall the call be delayed for more than one (1) hour. (See *Section 5900: New Allegations of Child Abuse and Neglect.*)

- Discuss activities in which the child participates or would like to participate.
- End the interview by encouraging the child to contact the permanency case manager if there is anything (s)he needs to discuss.

NOTE: If the child is hearing-impaired or does not speak English, the mode of communication that the child uses shall be employed (sign language, foreign language, etc.), and any other accommodations required for effective communication will be made.

(iv) Documentation of In-Person Contact With Children In Out-Of-Home Care

Documentation of contact with children in out-of-home care must accurately summarize the contact in narrative form. At a minimum, the permanency case manager must gather and document the following information on a monthly basis:

- The date and time of the contact.
- The nature of the contact (in person, telephone, etc.).
- The duration of the contact, including start and end times (for in-person contacts only).
- The location of the contact (for in-person contacts only).
- The identity of all persons present during the contact (if persons present are not family members, information regarding their relationship to the family must be included).
- A description of the condition of the child(ren), including notation of any evidence of possible maltreatment identified (e.g., bruises, filth, significant weight loss) (for in-person contacts only).
- A brief general description of the behavior and affect of any child(ren) present at the visit.
- A detailed summary of what was discussed during the interview of the child(ren).
- A description of the child(ren)'s medical status, according to the child(ren) (if verbal) and the out-of-home caregiver(s), including:
 - » The current state of medical/dental care and care related to any specific conditions.
 - » Any medical appointments that occurred since the prior visit, including the date of the visit, the type/purpose of the visit, any medical issue that requires monitoring, and any pertinent well-being information (e.g., parent's report of height and weight of child, immunizations received, medication prescribed).
 - » Any hospitalizations or emergency room visits since the last contact. These must be documented as to the reason and result. Contact information of the administering medical personnel is required to verify a caretaker's explanations of the hospital visit.
- A description of the child(ren)'s educational status, as reported by the child(ren), including:
 - » Enrollment status.
 - » Attendance.
 - » Grades.
 - » School behavior issues.

- » The status of any special educational issues (e.g., Individualized Education Plan [IEP]).
 - » Mental health concerns and the status of any recent evaluations and current treatment progress, if applicable.
 - » Physical, emotional, and social development, including reasonable expectations for height, weight, speech, motor skills, and social skills.
- The child(ren)'s current adjustment to the placement and the permanency case manager's observation of the interaction/relationship with the caregiver(s) and other children in the home.
 - The child(ren)'s reaction to visits with parents.
 - Any needs identified by the child(ren).

Documentation

5720. Change of Placement

Children who have been placed in out-of-home care typically believe that they have been abandoned by the parent(s)/caregiver(s) from whom they have been removed. For this reason, they are especially vulnerable to emotional trauma associated with being removed from the care of an out-of-home caregiver. The placements of children in out-of-home care are to be changed only when absolutely necessary. Planned placement changes require consideration at a Child and Family Team (CFT) meeting and the approval of the permanency supervisor. When placement changes occur as emergencies, CFT meetings must be convened within two (2) working days of the placement change. All changes in placement require active supervisory involvement.

a. Circumstances Under Which Children's Out-of-Home Placement May Be Changed

Placements may be changed under the following circumstances:

- There is a report of child abuse or neglect involving an out-of-home caregiver or a member of the out-of-home caregiver's household.
 - » When, in consultation with the CPS supervisor, the CPS investigator determines that any child in Department of Family Services (DFS) custody or guardianship is unsafe in a foster home or in the home of a relative care provider, the CPS investigator will **immediately** remove the unsafe child(ren) from the home.

- » When, in consultation with the CPS supervisor, the CPS investigator determines that there is reasonable cause to believe that any child in DFS custody or guardianship will be abused or neglected in the home, the CPS investigator must:

During regular working hours, attempt to contact the assigned permanency case manager/supervisor to arrange immediate response by the permanency case manager. If the permanency case manager is able to respond, the CPS investigator will wait at the home until the permanency case manager arrives. The permanency case manager must remove and re-place the child(ren). If the permanency case manager is unable to respond, the CPS investigator must remove and re-place the child(ren).

Outside regular working hours, remove and re-place the child(ren).

- When, using the *Out-of-Home Placement Safety Check*, it is determined that a child(ren) in the Department's custody/wardship must be removed from an out-of-home caregiver.
- When, as the result of a licensing review, it is determined that an out-of-home caregiver's licensing status is changed so as to preclude continued placement.
- When the permanency case manager, in consultation with the permanency supervisor, determines that – for reasons related to the child(ren)'s permanency or well-being – it is not in the child(ren)'s best interest for him/her to continue in the out-of-home placement setting.
- When the child is being moved to a permanent living arrangement (e.g., reunification with a parent[s], adoption or legal guardianship by someone other than the out-of-home caregiver).
- A child is identified as needing a higher level of care that can only be provided by changing the child's placement and cannot be met by wraparound services.
- The child is placed in a higher level of care (e.g., a residential treatment center, a hospital setting, a correctional facility) and can be "stepped down" to a more traditional, family-like setting.
- An out-of-home caregiver requests/demands the child(ren)'s removal **and** no remedial effort is possible/successful (see *Section 3530: Placement Stabilization* in the Placement in Substitute Care Policies and Procedures).
- An out-of-home caregiver becomes unavailable (e.g., dies, is incapacitated, moves away).

To the greatest extent possible, changes of placement must be planned in order to prepare the child(ren) and the new out-of-home caregiver for the placement change (see *Section 3130: Making the Placement* in the Placement in Substitute Care Policies and Procedures).

Documentation

b. Notification of Change of Placement

NRS 432B requires that, when the placement of children in out-of-home care is changed, the permanency case manager notify:

- All parents, including noncustodial and joint custodial, for whom parental rights have not been terminated (in person or by telephone).
- Any person with special interest (as determined by the Family Court) in a child (by letter, by e-mail, by voice mail, by telephone, and/or in person).
- The child(ren)'s CAP attorney (e-mail, voice mail, telephone call, and/or in-person contact).

When such moves are planned, the permanency case manager must make all notifications three (3) days prior to changing the child's placement. When placement changes are made on an emergency basis, the notifications must be made within one (1) working day of the change.

Notification must include the identity, address, and telephone number of the new out-of-home caregiver unless the permanency supervisor/case manager determines, in consultation with the out-of-home caregiver, that providing this information to parents or other nonprofessionals may subject involved children or out-of-home caregivers to a risk of physical or other harm.

Documentation

c. Unauthorized Absence of Children

Upon receipt of a report that a child is missing from out-of-home care (i.e., has run away or been absconded with), the permanency case manager must obtain as much factual information as is possible about the circumstances of the disappearance and search for the child within the immediate area and any known locations the child might frequent.

NOTE: Based on the circumstances, including, but not limited to, the age and condition of the missing child(ren), the permanency supervisor may require that efforts to locate the child(ren) be conducted immediately or within shorter time frames than those outlined below.

Within two (2) hours after an unauthorized absence becomes known, the permanency case manager must notify:

- The permanency supervisor.
- The site-based district attorney (DA), requesting a writ from the Court.

In addition, no more than twenty-four (24) hours after the child(ren) has been missing, the permanency case manager must see that the following measures are taken:

- In conjunction with the out-of-home caregiver, the permanency worker must ensure that a missing person report has been made with the appropriate law enforcement agency, including:
 - » Providing law enforcement with information about the reason for the Department's involvement with the child.
 - » Providing the address(es) at which the child(ren)'s parent(s)/caregiver(s) resides.
 - » Providing any information known to the permanency case manager about the child's possible whereabouts.
 - » Obtaining a copy of the police report for the case file.
 - » Requesting that the law enforcement agency run the NCIC number on each missing child.
- All reports to law enforcement related to missing children must be documented in UNITY case notes on the day of the notification.
- Unless there is reason to believe that a parent(s) has abducted the child(ren), the permanency case manager must make a good faith attempt to notify the child(ren)'s parent(s) (in person, by telephone, or by other available means).
- If there is reason to suspect that a parent(s) has abducted the child(ren), the permanency case manager must fill out a parental kidnapping report with the appropriate law enforcement agency.
- The permanency case manager must provide the police report and NCIC number to the Nevada Attorney General's Office – Missing Children's Unit.
- The permanency case manager must call the National Center for Missing & Exploited Children to make a report.

The business day following the day the child is missing, the permanency case manager must:

- Notify the parties of the writ.
- Forward a copy of the writ to:
 - » The police detective (certified copy).
 - » The child welfare case file.

- » The DFS records unit.

No later than seventy-two (72) hours after the child(ren) was missing, the permanency case manager must:

- Make a good faith attempt to notify the child(ren)'s parents by telephone, in person, or by other available means.
- Contact Nevada Child Seekers to report the child(ren)/youth(s) missing.
- Make reasonable efforts to locate the child(ren)/youth(s). Contacts may include, but are not limited to:
 - » Last attended school.
 - » Previous placements.
 - » Parent(s), extended family, relatives, friends, fictive kin, etc.
- All ongoing efforts to locate a missing child(ren) must be repeated on a monthly basis and documented in UNITY case notes within three (3) working days of the effort.
- When the child(ren) has been located, alert all agencies/individuals that were notified of the child(ren)'s absence that the child(ren) has been found.

Documentation

d. **Fatality or Near Fatality of Children in Out-of-Home Care**

Immediately following an incident of child fatality or near fatality of a child in the Department's custody/wardship, the permanency case manager must notify:

- The Hotline.
- The permanency supervisor.

The permanency supervisor must:

- Immediately notify the assistant manager/manager, who will notify the director.
- Immediately obtain the hard-copy case file and provide it to the quality assurance (QA) manager.
- If there are other children in the home, immediately assess and document their safety.

- Within twenty-four (24) hours, if a report is not screened for investigation, the permanency supervisor must submit a written summary of the incident to the assistant manager/manager. This shall include the following information:
 - » Medical reports.
 - » Hospital reports.
 - » Police reports.
 - » A summary of the permanency services provided, including an up-to-date list of the permanency case manager's contacts with the child and the out-of-home caregiver.
 - » Any other relevant reports.

Documentation

5730. Services to Children Living With the Parent(s)/ Caregiver(s) of Children in Out-of-Home Care

At times, families receiving permanency services will continue to care for children. This occurs when:

- Some children are removed and others (because they are assessed as being safe) are left in the parent's (parents')/caregiver's (caregivers') care.
- Children are born into families where older children have been removed.
- Children move into the home of a parent(s)/caregiver(s) whose children are in out-of-home care.

a. Children Who Become Part of a Family Receiving Permanency Services

Whenever the permanency case manager learns that children will be, or have been, born or moved into a family from which children are in out-of-home care, (s)he must:

- Conduct an immediate safety assessment and implement any necessary safety intervention (see *Section 5420: Nevada Safety Assessment*).
- Consider whether there is reasonable cause to believe that the child's living situation subjects him/her to a Plausible Risk of Physical Injury, a Plausible Risk of Sexual Injury, or

any other allegation as defined by the Nevada Child Abuse and Neglect Allegation System (CANS). If so, the permanency case manager must immediately contact the Hotline.

Documentation

b. Services to Children Living With Parent(s)/Caregiver(s) Receiving Permanency Services

Because children living with their parent(s)/caregiver(s) who have other children placed in out-of-home care may be at risk of maltreatment, the permanency case manager is responsible for providing any necessary in-home services to ensure their protection. Such services must be provided according to the Department's **In-Home Services Policies and Procedures**.

The permanency supervisor may adjust the frequency of required contact with children, parent(s)/caregiver(s), and collateral service providers. Any such adjustments must be based on:

- The *Nevada Safety Assessment* related to children cared for by the parent(s)/caregiver(s), including the assessment of the children's vulnerability.
- The result of the NCFAS-G+R (LV) as it applies to:
 - » The risk the parent(s)/caregiver(s) poses to the child(ren) in his/her care.
 - » The service needs of the children.

If circumstances present a need for the frequency of child contacts to change, the permanency worker must staff the case with his/her supervisor. The permanency supervisor may alter the frequency of the child's contact, and (s)he must document the following in a UNITY case note as "case staffing":

- Date request made.
- Staff making the request.
- Reason/justification for the request.
- Past frequency.
- Requested new frequency.
- How this will affect the child(ren)'s safety, permanency, and well-being.
- Supervisor's approval/denial **and reason**.

Documentation

c. Documentation of Services to Children Living With Parent(s)/ Caregiver(s) Receiving Permanency Services

If circumstances present a need for the frequency of child contacts to change, the permanency worker must staff the case with his/her supervisor. The permanency supervisor may alter the frequency of the child's contact, and (s)he must document the following in a UNITY case note as "case staffing":

- Date request made.
- Staff making the request.
- Reason/justification for the request.
- Past frequency.
- Requested new frequency.
- How this will affect the child(ren)'s safety, permanency, and well-being.
- Supervisor's approval/denial **and reason**.

Documentation

5740. Direct Permanency Service to Parents/Caregiver(s)

The permanency case manager's role is complex and includes far more than simply linking family members to service and observing their progress. The core of permanency services is the professional casework service provided by the permanency case manager. This service is based on the relationship the permanency case manager has formed with members of the family and on the permanency case manager's role as an agent of change. The permanency case manager's relationship with family members is critical in their ability to make the changes necessary to enhance their parenting capacity.

a. Frequency of the Permanency Case Manager's Visits With Parents/ Caregivers

In order to form the necessary alliance with the family and other caregivers (e.g., a parent's significant other, other adults living in the parent[s]' home), the permanency case manager must have frequent contact with the family, especially at the beginning of the permanency services process. When parental rights have not been terminated, the permanency case manager must

have in-person contact – **in addition to Child and Family Team (CFT) meetings, visitation, and Court hearings** – with parents/caregivers according to the following minimal requirements:

- *Engagement Stage (During the First Four [4] Weeks Following the Transitional CFT)* – The permanency case manager must have in-person contact with the custodial parent(s) once per week. At least one (1) of these four (4) contacts must be an unannounced visit to the parent's (parents') home.
- *Ongoing Service Provision (Beginning the Fifth Week Following the Transitional CFT)* – The permanency case manager must have contact with a parent(s)/caregiver(s) biweekly (every other week) with an in-person contact once a month. One (1) home visit every ninety (90) days must be unannounced.
- *During Unsupervised Visitation* – When a parent(s) has unsupervised visitation with a child(ren) placed in out-of-home care, the permanency case manager and supervisor must develop a specialized plan for in-person family contact during visitation. When unsupervised visitation extends for more than two (2) calendar days, the specialized visitation plan must include unannounced visits during a time that the child is with the parent(s)/caregiver(s).
- *When the Court Has Terminated Parental Rights or Found That No Reasonable Efforts Are Required* – No visits to the parent(s) are required unless there are children living in the parent's (parents')/caregiver's (caregivers') home who are:
 - » The subjects of substantiated child abuse/neglect allegations.
 - » The subjects of current orders from Family Court.
 - » Identified as being unsafe or at risk according to the most recent *Nevada Safety Assessment* or NCFAS-G+R (LV).

(See Section 5730: *Services to Children Living With the Parent(s)/Caregiver(s) of Children in Out-of-Home Care.*)

In order to gain the best understanding of the family's functioning, it is important that the majority of the in-person family contact occur in the family's home. During the engagement stage and whenever the parent(s)/caregiver(s) has been granted unsupervised visits, at least one (1) visit each month must take place in the parent's (parents')/caregiver's (caregivers') home. This does not preclude additional in-person contact outside the home (at the office of an external service provider, at the Court, etc.).

It is recognized that some family members may not be present for every home visit. The permanency case manager is required to have in-person contact with parents every thirty (30) days

and with all other adults and children living in the parent's (parents')/caregiver's (caregivers') home at least once in every sixty (60) -day period.

Based on the circumstances presented by individual cases, the permanency supervisor may alter the required frequency of the permanency case manager's in-person contact with family members. Any such alteration must be based on considerations related to the safety and permanency of the involved children.

If circumstances present a need for a change in the frequency of contact, the permanency case manager must staff the case with his/her supervisor. The permanency supervisor may alter the frequency of the parent contact, and (s)he must document the following in a UNITY case note as "case staffing":

- Date request made.
- Staff making the request.
- Reason/justification for the request.
- Past frequency.
- Requested new frequency.
- How this will affect the child(ren)'s safety, permanency, and well-being.
- Supervisor's approval/denial **and reason**.

Under no circumstances may family visits be reduced to a frequency of less than one (1) in-person contact per thirty (30) -day period.

Documentation

b. Uncooperative Parent(s)/Caregiver(s)

It is the nature of child welfare services that a parent(s)/caregiver(s) will often resist or refuse to cooperate with services. When families are resistant or uncooperative, the permanency case manager must work to engage the parent(s)/caregiver(s) in the permanency services process without losing focus on the child(ren)'s need for a timely permanent living arrangement. This effort requires that the permanency case manager have persistent and frequent contact with the family. The fact that a parent/caregiver is initially uncooperative does not, in and of itself, indicate that it will not be possible for the family to be engaged in a productive working relationship.

Situations in which a parent(s)/caregiver(s) is or becomes uncooperative must be staffed with the permanency supervisor. In some situations, it may be determined that the parents'/caregivers'

inability to cooperate necessitates a change in the permanency goal from reunification to another permanency option. Before determining that it is necessary to change the permanency goal, the following actions must be considered:

- Convene a Child and Family Team (CFT). Consider attendance of the supervisor.
- Explore alternative approaches (i.e., amended case plan tasks) to attain the case plan objectives with the family.
- Inform the family of the potential consequences of continued resistance/noncooperation.
- Increase the frequency of family visits by the permanency case manager.
- Increase the frequency of unannounced family visits by the permanency case manager.

If persistent efforts to engage the family are not successful, the permanency case manager must, in conjunction with the permanency supervisor and the CFT members, consider the following courses of action:

- Changing the permanency goal from reunification to another permanency option.
- Initiating termination of parental rights (TPR).

Documentation

c. Visits With Parent(s)/Caregiver(s): Special Circumstances

When parents whose parental rights are intact are unavailable, the following regulations must be followed:

(v) Parent Incarceration

If reasonably possible, the permanency case manager may have in-person contact with incarcerated parents. The frequency of this contact must be determined by the permanency supervisor and will depend upon:

- The regulations of the facility in which the parent is incarcerated.
- The proximity of the facility in which the parent is incarcerated.
- The present and future role of the incarcerated parent in the family as it may affect child safety and potential reunification.

The permanency case manager must send a letter to the incarcerated parent at a minimum of once every three (3) months to inquire about progress with the parent's case plan, unless the permanency supervisor or district attorney (DA) directs otherwise.

NOTE: The frequency of contact may be affected by the length of sentence, where the parent is incarcerated (in-state or out-of-state jail or prison), and the permanency plan.

Documentation

(vi) Unknown Whereabouts of Parent

No later than thirty (30) days after the parent is known to be missing, the permanency case manager must make a referral to the Business Center/Diligent Search which must conduct a search for the missing parent(s), by using the *Diligent Search Request* form. When a parent's (parents') whereabouts continue to be unknown, this referral for diligent search must be completed at least every six (6) months and at least sixty (60) days prior to any upcoming Court hearing.

Known relatives must be contacted by the permanency case manager by telephone, by letter, or in person every thirty (30) days to inquire about the parent's whereabouts.

Documentation

(vii) Parent Who Resides Out of State

Every thirty (30) days, the permanency case manager must have contact, by telephone, e-mail, or certified letter, with a parent residing out of state.

Documentation

(viii) Putative Father

The permanency case manager must:

- Arrange paternity testing at a medical facility as part of the case plan.
- Facilitate the completion of a paternity affidavit that may also be used to establish paternity.

Once paternity is established, case planning, client contact, and all other services must occur according to the requirements for parents.

Documentation

d. Purposes of Visits With Parent(s)/Caregiver(s)

The purposes of family visits will vary somewhat, depending on the nature of individual cases and on the stage of service provision. The purposes of the permanency case manager's visits to family members are:

- To facilitate engagement of family members in the permanency services process.
- To continuously assess the parent's (parents')/caregiver's (caregivers') capacity to ensure child safety if reunification were to occur.
- To continuously assess the family's strengths.
- To continuously assess the family's needs.
- To continuously assess the family's progress in addressing the conditions and behaviors that led to the need for permanency services.
- To identify and address new or continuing family issues that affect the potential for reunification, including but not limited to:
 - » New or continuing family stress.
 - » Any indication of interpersonal violence within the home/family.
 - » The parent's current mental health status. If previous issues were identified, the parent's perception of progress of treatment must be documented.
 - » The parent's current substance abuse status.
 - » The parent's current health status, including any current conditions requiring treatment.
 - » The physical condition of the home.
- To inform the parent(s) about the child's progress.
- To discuss upcoming activities (e.g., Court hearings, visits, service interventions, Child and Family Team [CFT] meetings).
- To assess the parent's status in achieving case plan tasks and objectives.
- To discuss and address any obstacles or barriers to the family's progress.

5750. Support and Service for Out-of-Home Caregivers

Out-of-home caregivers fulfill a critically important and very difficult role as they provide out-of-home care to children in Department of Family Services (DFS) custody. The permanency case manager

must work closely and collaboratively with out-of-home caregivers in order to best ensure that children are safe in out-of-home care, that their well-being needs are identified and met, and that their transition to their permanent living arrangement is smooth. It is important that the permanency case manager understand that the out-of-home caregiver is a reliable and valuable source of information about the child's day-to-day behavior and needs and is a key member of the permanency service team.

In order for children to receive high-quality out-of-home care, the permanency case manager must:

- *Ensure that out-of-home caregivers feel that they are a part of the permanency service team.* An important component of imparting this sense to the out-of-home caregiver is accomplished by giving out-of-home caregivers information about the child(ren) in their care and about the circumstances of the child(ren)'s case. This includes, but is not limited to:
 - » **General** information about the reason(s) the child(ren) entered out-of-home care (see *Section 5230: Confidentiality*).
 - » Information about any special needs (e.g., medical, dietary, psychological, developmental, educational) pertaining to the child(ren).
 - » Information about any cultural, religious, or linguistic issues/preferences related to the child(ren) and the child(ren)'s family.
 - » Any known information about the child(ren)'s interests, hobbies, likes, and dislikes.
 - » Information about any upcoming events/appointments (e.g., visitation, Court, medical appointments).
 - » Information about any decisions about the case (permanency goal changes, changes in visitation, changes in medical treatment, etc.) made by the Department or the Court.
 - » **General** information about the child(ren)'s permanency status. The out-of-home caregiver does not need to know specific details of the child(ren)'s parent's (parents')/caregiver's (caregivers') problems or about the parent's (parents')/caregiver's (caregivers') progress in resolving them. The permanency case manager may not provide such specific information. Out-of-home caregivers need **general** information about the likelihood of reunification so that they can work to prepare children (and themselves) for their permanent living arrangement in a realistic way. The permanency case manager must provide **general** information about the likelihood of achieving various permanency goals (e.g., reunification or adoption) with **general** time frames within which the permanency goals are likely to be achieved. The permanency case manager must ensure that the out-of-home caregiver understands that there is no certainty with regard to the final permanency outcome.

- *Respond to child-related issues and needs in a timely way.* Out-of-home caregivers spend more time than anyone else with children in out-of-home care. They are, therefore, among the best sources of information about issues/needs affecting children. Similarly, they play a major role in addressing the issues/needs of children in their care. When the out-of-home caregiver informs the permanency case manager of any perceived issue/need potentially affecting the safety, permanency, or well-being of a child in out-of-home care, the permanency case manager must immediately:
 - » Evaluate the issue/need, involving the permanency supervisor if necessary.
 - » Determine whether any intervention is necessary and, if so, identify a specific course of intervention.
 - » In a timely way (in most cases within one [1] day), inform the out-of-home caregiver whether any intervention will be made and, if so, specify the intervention.
 - » If the out-of-home caregiver disagrees with the permanency case manager's decision related to an issue/need identified by the out-of-home caregiver, arrange a conversation or, if necessary, a meeting of the permanency case manager, the permanency supervisor, the out-of-home caregiver, and, if applicable, staff from caregiver support (in person or by telephone) to discuss the issue/need and the Department's response.
 - » In conjunction with the out-of-home caregiver, assertively pursue any intervention decided upon.
 - » Communicate as appropriate with the out-of-home caregiver about the progress and effect of the intervention.
- *Coordinate case-related activities.* The permanency case manager must ensure that case-related activities involving the child(ren) and/or the out-of-home care provider(s) are scheduled in a way that minimizes disruption to the daily routine. This includes:
 - » Considering the schedule of collateral activities from the perspective of the out-of-home caregiver's schedule.
 - » Considering helping with transportation as appropriate/necessary.
 - » Avoiding scheduling activities during the child's school day or during other activities important to the child (e.g., little league practice, Girl Scouts).
 - » Considering the effect of an activity on the child(ren). For example, if a child is regularly upset and acts out after family visits, the permanency case manager should avoid scheduling them immediately before the child's first day at a new school.
- *Provide ongoing support to the efforts of the out-of-home caregiver.* Caring for a child(ren) in out-of-home care can be difficult and a source of stress for out-of-home caregivers. It is

important that the permanency case manager create a context in which the out-of-home caregiver understands that the permanency case manager shares responsibility. In large part, this will be accomplished when the permanency case manager keeps the out-of-home caregiver informed and responds to issues/needs identified by the out-of-home caregiver as described above. In addition, it is important that the permanency case manager and supervisor be readily available to the out-of-home caregiver as a source of support. This includes:

- » Promptly responding to telephone calls or other communications from the out-of-home caregiver.
- » Acting as a “sounding board” in order to help the out-of-home caregiver with day-to-day child care issues.
- » Giving the out-of-home caregiver the opportunity to express frustration related to the often inherent difficulty of providing out-of-home care.
- » Remaining open to considering respite or other concrete supports for out-of-home caregivers as appropriate.
- » Ensure that foster care providers are compensated at the appropriate rate, taking into account any special requirements for the child’s emotional care, physical or personal care, and auxiliary care.

a. Contact With Out-of-Home Caregivers

In order to develop and maintain a productive working relationship with the out-of-home caregiver(s), the permanency case manager must have regular, frequent, and purposeful contact with the him/her, including both foster parents and relative caregivers, if applicable, as follows:

- Within twenty-four (24) hours of the Transitional Child and Family Team (CFT), the permanency case manager must give the out-of-home caregiver the following contact information:
 - » Permanency case manager’s office telephone number.
 - » Permanency case manager’s e-mail address.
 - » Permanency supervisor’s office telephone number.
 - » Permanency supervisor’s e-mail address.
 - » Method of contacting the Department in an emergency (i.e., the on-call worker).
 - » Permanency case manager’s work schedule.

When an out-of-home caregiver calls a permanency case manager, the telephone call must be returned as soon as possible but always within seventy-two (72) hours of the call.

At a minimum, the permanency case manager must have contact with the out-of-home caregivers with the following frequency:

- Within twenty-four (24) hours of the Transitional CFT meeting or no later than one (1) business day following a change of placement (excluding planned respite), the permanency case manager must telephone the out-of-home caregiver to:
 - » Introduce himself/herself to the out-of-home caregiver and provide required contact information.
 - » Determine the child(ren)'s initial adjustment to the placement.
 - » Identify any outstanding needs/issues, including but not limited to:
 - The child(ren)'s Medicaid number.
 - Assistance with obtaining day care.
 - The child(ren)'s clothing needs.
 - » Discuss plans for family and any sibling visitation with the out-of-home caregiver.
 - » Set an appointment to visit the child and out-of-home caregiver.
- Within three (3) working days of the Transitional CFT meeting or change of placement, the permanency case manager must visit the out-of-home caregiver in the home in which the child(ren) is placed to:
 - » Meet the child(ren), if applicable.
 - » Meet the out-of-home caregiver.
 - » Assess the immediate safety of the child(ren) in the out-of-home placement setting.
 - » Assess the child(ren)'s adjustment to the placement setting.
 - » Begin to assess the suitability of the placement setting for the child(ren).
 - » Begin to assess the child(ren)'s functioning.
 - » Identify and address any immediate needs affecting the child(ren)'s well-being.
 - » Provide support to the out-of-home caregiver.
- Make monthly telephone contact at a prearranged time with the out-of-home caregiver to:
 - » Discuss the child(ren)'s progress and adjustment.

- » Discuss any planned events concerning the child(ren) in out-of-home care (family visits, sibling visits, Court hearings, medical appointments, school conferences, etc.).
- » Discuss any outstanding issues.
- » Provide support to the out-of-home caregiver.
- Conduct monthly in-person contact with the out-of-home caregiver to:
 - » Continuously engage the child(ren) in his/her relationship with the permanency case manager.
 - » Continuously engage the out-of-home caregiver(s) in the working relationship with the permanency case manager.
 - » Assess the safety of the child(ren) in the out-of-home setting.
 - » Assess the overall suitability of the placement for the child(ren).
 - The child(ren)'s interaction and relationship with the out-of-home caregiver.
 - The out-of-home caregiver's (caregivers') willingness/capacity to understand and address the child(ren)'s special needs.
 - The caregiver's (caregivers') willingness/capacity to support the child(ren)'s permanency plan.
 - » Assess the functioning of the child(ren) in the placement setting, including, but not limited to, the child(ren)'s:
 - Physical health.
 - Mental health.
 - Psychosocial development.
 - Education.
 - Other special needs.
 - » Identify and address any issues/needs related to the well-being of the child(ren).
 - » Evaluate the child(ren)'s progress in completing any case plan tasks and/or achieving any case plan objectives.
 - » Provide support to the out-of-home caregiver.
- Pay bimonthly visits to the out-of-home placement setting to:
 - » Identify any child safety hazards in the out-of-home placement setting.

- » Observe/assess any other members of the household to determine their effect on the safety and well-being of the child(ren) in out-of-home care.
- » Evaluate the overall suitability of the out-of-home placement setting for the child(ren) in out-of-home care.

Based on the circumstances presented by individual cases, the permanency supervisor may alter the required frequency of the permanency case manager's in-person contact with the out-of-home caregiver and/or visits to the out-of-home placement setting. Any such alteration must be based on considerations related to the safety, permanency, and well-being of the involved child(ren).

The permanency supervisor must document, in a UNITY case note, the reason for any reduction of the frequency of in-person contact with children. If circumstances present a need for a change in the frequency of contact, the permanency case manager must staff the case with his/her supervisor. The permanency supervisor may alter the frequency of the parent contact, and (s)he must document the following in a UNITY case note as "case staffing":

- Date request made.
- Staff making the request.
- Reason/justification for the request.
- Past frequency.
- Requested new frequency.
- How this will affect the child(ren)'s safety, permanency, and well-being.
- Supervisor's approval/denial **and reason**.

Under no circumstances may visits to children in out-of-home care be reduced to fewer than one (1) in-person contact per thirty (30) -day period or one (1) visit to the out-of-home placement setting.

Documentation

b. Documentation of Contact With Out-of-Home Caregivers

Documentation of contact with out-of-home caregivers and visits to out-of-home care settings must accurately summarize the contact in narrative form. At a minimum, the permanency case manager must gather and document the following information on a monthly basis:

- The date and time of the contact.
- The nature of the contact (in person, telephone, etc.).
- The duration of the contact, including start and end times (for in-person contacts only).
- The location of the contact (for in-person contacts only).
- The identity of all persons present during the contact (if persons present are not family members, information regarding their relationship to the family must be included).
- A detailed summary of what was discussed during the contact with the out-of-home caregiver.
- A detailed summary of the condition of the out-of-home care setting.
- The out-of-home caregiver's perception of the child's physical health, mental health, and educational needs and the extent to which they are being met.
- The out-of-home caregiver's perception of the child's developmental progress.
- Signs of any stress experienced by the out-of-home caregiver related to the child's behavior or other conditions, or other concerns about the child's placement.
- The out-of-home caregiver's perception of the child's visits with his/her parent(s) and the child's response to visits.
- If the child is receiving medical or mental health treatment, the status of the treatment.
- If the child is the subject of an Individualized Education Plan (IEP), the status of the plan.
- The child's relationship with other children in the placement.
- Any current needs identified by the caregiver and actions that will be taken to meet those needs.

c. Rate Setting for Children Placed in Foster Care

Some children, because of their special needs, require that their out-of-home caregivers provide an exceptional level of care. When children with special needs are placed in foster homes, their foster parent(s) may be eligible to receive an enhanced foster care payment. This special rate must be based on the additional care that foster parents must provide the child based on his/her individual needs. A special rate may also require that the foster parent has received special education/training relevant to the care of the child. The permanency case manager must continually assess the child's need for:

- *Emotional Care* – Care to address mental health, behavioral, and other emotional needs and behaviors, which are considered abnormal for a child taking the child's age into account. Children needing special emotional care require more supervision and treatment than expected for a foster child of this developmental age. The foster parent is involved in more than monthly treatment for the child. Children needing special emotional care are to be rated as follows:
 - » *Minimal* – The care of children in this category is on a day-to-day basis, essentially normal, but irregular lapses can be expected. There may be occasional periods when the child is excessively dependent, passive, fails to respond or is unable to relate, acts out, or becomes aggressive. *The foster parent is involved in the child's treatment more often than once a month.*
 - » *Moderate* – Foster parents need to follow a particular program, such as behavior modification, with children requiring abnormal amounts of attention and affection; children having school problems; and children exhibiting difficulty with peers, some moodiness, frequent enuresis, excessive noisiness, and night problems. Regimental structure is required, and *the child needs two (2) or three (3) one-on-one interventions per week with the foster parent to address emotional or behavioral needs.*
 - » *Intensive* – The child exhibits extreme attention-seeking behavior; stealing; drug abuse; encopresis; destructive behavior, including unusual wear and tear on the foster home; severe hyperactivity; sexual acting out, tendency to run away; abuse of animals; starting of fires; gang activity; extreme aggressive behavior; or extreme withdrawal. Due to this, *the child requires constant supervision during waking hours and/or monitoring at night. In addition, the foster parent is involved in a structured treatment program for the child, which requires daily one-on-one intervention with the child.*
 - » *Pre-Institutional* – The child needs a foster home while awaiting institutionalization. The child has a diagnosed mental illness (e.g., schizophrenia or psychotic behavior, severe depression or bipolar disorder, severe anorexia or bulimia), has made homicidal threats or is self-destructive, has sexually abused another child, has a severe emotional disturbance, or exhibits bizarre behavior, any of which requires exceptional therapeutic care.
- *Physical or Personal Care* – Care to address personal and physical needs beyond the appropriate needs for a child of this age due to developmental or other issues.
 - » *Minimal* – The child needs help putting on braces or prosthetic devices or help with buttons, laces, and so forth, but is basically self-caring.
 - » *Moderate* – The child needs help dressing, bathing, and general toilet needs or some help in mobility, as in climbing stairs. The child is on a regular program of prescribed

medications requiring skill and training to administer, or the child has feeding problems, such as excessive intake, extreme messiness, extremely slow eating, that require help and/or supervision due to mental, emotional, and/or physical handicap. The child requires physical therapy but less than one (1) hour a day.

- » *Intensive* – The child needs care with most functions of daily living, such as dressing, bathing, and general toilet needs. Due to developmental or physical disability, the child must be fed by hand and/or requires significant help and/or supervision due to mental, emotional, and/or physical handicap.
- » *Pre-Institutional* – The child needs a foster home while awaiting institutionalization, or the child has extreme needs that require supervision/assistance due to mental, emotional, and/or physical handicap. At this level, the child should be considered for the medically fragile special rate.
- *Auxiliary Care* – Care to address other special needs that are beyond the appropriate needs and types of supports needed to care for a child of this age.
 - » *Minimal* – Special diets or supplements that require extra expense and are not covered under any other programs. Regular but infrequent (less than monthly) trips to a physician, psychiatrist, therapist, etc.
 - » *Moderate* – Special equipment needed for a particular child, medical or therapeutic appointments every month to two (2) weeks, need for the occasional hiring of an adult to give relief, and unusual wear and tear in the home.
 - » *Intensive* – Extreme wear and tear on the home, therapeutic appointments every two (2) weeks or more often, and frequent hospitalizations.

The permanency case manager must document the rate setting assessment on Attachment A of the Foster Parent Contract. After obtaining the foster parent's signature and supervisory approval, Attachment A of the Foster Parent Contract must be forwarded to licensing.

Documentation

5760. Collateral Services

In addition to the direct casework services provided by the permanency case manager, most families and many children require specialized services from other Department staff (e.g., youth support workers, family support workers, foster parent liaisons) and/or from providers outside of the Department (e.g., child development, mental health, substance abuse, or domestic violence service providers). Schools and healthcare providers also furnish children with services important to their well-being. The permanency case manager's roles with regard to collateral services are to:

- Link family members and the service provider.
- Coordinate service provision.
- Monitor the family's progress and compliance with the collateral service.

a. Linking Parent(s)/Caregiver(s) to Collateral Services

While direct service provided by the permanency case manager is the core of permanency services, collateral services addressing specific family issues such as substance abuse, mental illness, and domestic violence are important tasks in every case plan. Similarly, children in out-of-home care often require specialized services to address well-being issues related to their psychosocial development, physical and mental health, behavior, and education. Collateral services may be provided through Department programs (e.g., youth support workers or family support workers) or by programs external to the Department (e.g., substance abuse, healthcare services, mental health programs).

Connecting families receiving permanency services to collateral services involves more than simply making a referral. In order for the services to be focused on the issues giving rise to the maltreatment and need for removal, the permanency case manager must take an active role in ensuring that the service provider has sufficient information about the family issues that are related to the need for permanency services. To accomplish this, at the time of the referral, the permanency case manager must give the provider answers to the following questions:

- What was the event or incident that brought the parent/caregiver to the Department's attention?
- Is there any previous maltreatment history or other Department involvement with the parent/caregiver?
- What is the parent's/caregiver's perception of the reason for the referral?
- What is the parent's/caregiver's perception of the issue(s) leading to his/her involvement with the Department?
- What parts of the case plan are relevant to the service? Provide a copy of the case plan to the service provider.
- What changes are necessary to ensure that the issues requiring placement in out-of-home care have been resolved?

In addition, the permanency case manager must attend at least a portion of the intake session with the parent/caregiver and the collateral service provider. In some cases, the parent/caregiver will be receiving services relevant to his/her case plan before the permanency case manager becomes

involved. In such cases, the permanency case manager must arrange a joint session involving the permanency case manager, the collateral service provider, and the parent/caregiver.

At the intake session or joint meeting, the permanency case manager must:

- Clarify the pertinent issues for the service provider and for the parent/caregiver.
- Identify the mechanism and frequency of in-person/telephone communication between the service provider and the permanency case manager so that the parent/caregiver is aware of it (this may include obtaining a release of information from the parent/caregiver).
- Identify the frequency and content of written reports to the permanency case manager prepared by the service provider so that the parent/caregiver is informed of the reporting process (this may include obtaining a release of information from the parent/caregiver).
- Establish clear expectations for the parent's/caregiver's participation and the provider's responsibility to report participation issues to the permanency case manager.
- Clarify for the service provider what, if any, other services the parent/caregiver will receive.
- In the parent's/caregiver's presence, provide a copy of the case plan to the service provider.
- Ensure that all necessary releases of information are in place.

When linking parents/caregivers to collateral services, the permanency case manager will fax referrals unless electronic referrals are permitted by the provider. The permanency case manager shall keep the hard copy in the case file if it is not generated in UNITY.

Documentation

(i) Release of Information for Community Referrals

When making community referrals, the permanency case manager must obtain the consent of the parent(s)/caregiver(s) to release information to the provider. The *Community Referral Release of Information* form must be completed in UNITY. This form must either be signed by the parent(s)/caregiver(s) prior to the referral or at the time of service provision. If it is signed in the permanency case manager's presence, a hard copy must be placed in the case file. The permanency case manager must also document the information in a UNITY case note.

Documentation

(ii) Referrals to Meet Concrete Need

When parent(s)/caregivers are in need of concrete assistance (e.g., food vouchers, bus tokens, bus passes, taxi coupons, baby diapers, baby wipes), the permanency case manager must complete the *Request for Assistance* form in UNITY.

Documentation

(iii) Community Provider Referral

When referring parent(s)/caregiver(s) to services such as parenting classes, substance abuse assessment, anger management classes, and domestic violence (DV) assessment, the *Community Provider Referral Form* must be completed in UNITY.

Documentation

(iv) Referrals for Quest Drug Testing

When making referrals for Quest drug testing, the permanency case manager must complete the *Quest Drug Test* form, which is not in UNITY.

Documentation

(v) Family Clinical Services Referrals

When families are referred for counseling services such as family preservation, clinical evaluation, mental health screening tool follow-up, and developmental follow-up, a *Family Clinical Services Referral* must be completed in UNITY and e-mailed to the applicable Microsoft Outlook distribution list for the relevant point of contact for dissemination of the referral to a specific provider.

Documentation

b. Linking Children in Out-of-Home Care to Collateral Services

As is the case with a parent(s)/caregiver(s), direct service provided by the permanency case manager is the core of permanency services. Children in out-of-home care, however, also may require collateral services to address their individual well-being needs (e.g., psychosocial development, physical and mental health, behavior, education). Connecting children to collateral services involves more than simply making a referral. In order for the services to be focused on the issues presented by the individual child, the permanency case manager must take an active role in ensuring that the service provider has sufficient information about the child's circumstances and the issue requiring service.

In addition, the permanency case manager and/or the out-of-home caregiver must attend at least a portion of a service provision session (preferably the intake session) with the child and the collateral service provider during the first month of provision of the service.

At the intake session or meeting, the permanency case manager must:

- Clarify the pertinent issues for the service provider and the child (if appropriate).
- Identify the mechanism and frequency of in-person/telephone communication between the service provider and the permanency case manager.
- Identify the frequency and content of written reports to the permanency case manager prepared by the service provider.
- Establish clear expectations for the child's participation and the provider's responsibility to report participation issues to the permanency case manager.
- Clarify for the service provider what, if any, other services the child will receive.
- Discuss any expectations related to consenting to the treatment of children in out-of-home care.
- Discuss expectations for the child(ren)'s parent(s)/caregiver(s) to participate in the service process as applicable.

Documentation

c. Coordinating Collateral Services

When a parent/caregiver or a child in out-of-home care receives multiple collateral services, the permanency case manager must coordinate the service provision in order to prevent conflicting demands or expectations for the parent/caregiver, the child, and/or the out-of-home caregiver. This requires regular communication between the permanency case manager and the relevant parties. If at all possible, the service providers must be included as members of the Child and Family Team (CFT) and should attend the case plan reviews.

d. Monitoring Collateral Services to the Parent(s)/Caregiver(s)

The permanency case manager is responsible for verifying whether the parent/caregiver is completing the tasks related to collateral services that are required by the case plan and for determining the degree of progress the parent/caregiver has made in achieving the case plan objectives. Completing case plan tasks (e.g., going to counseling) is important to improving the family's capacity to achieve the case plan objectives. The permanency case manager must, however, focus on observing the family's progress in achieving **case plan objectives**.

(i) Frequency of Contact With Collateral Service Providers for Services to Parent(s)/Caregiver(s)

The permanency case manager must have regular contact with providers of collateral services as follows:

- If at all possible, in-person attendance at the initial/intake session with the family member(s) and service provider.
- In-person or telephone contact with the collateral service provider within one (1) business day of the second session.
- In-person or telephone contact once per week during the first four (4) weeks of service provision or, if the service is provided less than once per week, one (1) telephone contact per service provision session.
- In-person or telephone contact with the collateral service provider biweekly (every two [2] weeks) during the second and third months of service or, if the service is provided less than twice per week, one (1) telephone contact per service provision session.
- Monthly in-person or telephone contact thereafter.

In addition to in-person and/or telephone contact, the permanency case manager must request that the collateral service provider forward written reports summarizing the parent's/caregiver's progress in achieving the objectives of the service as has been agreed upon during the intake process.

NOTE: The permanency supervisor may adjust the frequency of the permanency case manager's contact with collateral providers according to the specific circumstances of the situation. Contact with the service provider must take place every thirty (30) days, at a minimum.

Documentation

(ii) Purposes of Contact With Collateral Service Providers for Services to Parent(s)/Caregiver(s)

The purposes of the permanency case manager's in-person, telephone, and written communication are:

- To verify the parent's/caregiver's active attendance/participation in the services, including whether the parent/caregiver is keeping his/her appointments.
- To gather information about the nature of the parent's/caregiver's participation (e.g., the parent/caregiver is fully engaged, the parent/caregiver appears to be going through the motions).

- To determine the degree of progress realized by the parent/caregiver in attaining the objectives of the services.
- To determine the current status of the condition (reason for the referral) as a threat to child safety or a continuing maltreatment risk factor.
- To identify any new potential safety threats or risk factors that the provider may have observed.

(iii) Documentation of Contact With Collateral Sources

The permanency case manager must document each in-person contact and each telephone contact with collateral service providers in a UNITY case note within three (3) business days of the contact. This documentation must include any pertinent information related to contact, as outlined in *Section 4650.c.ii: Purposes of Contact With Collateral Service Providers*, including but not limited to:

- The date and time of the contact.
- The mechanism of contact (e.g., in person, via telephone).
- Individual(s) present during the contact.
- The service provider's report about the family's attendance/participation in the service, including the dates of service provision, the dates of any missed appointments, and the reasons for any missed appointments.
- The service provider's analysis of the family's participation (e.g., the family is fully engaged, the family appears to be going through the motions).
- The service provider's analysis of the family's progress in reaching the service goals.
- If services are to be ended within the next thirty (30) days, documentation thereof, along with the reason for terminating services.

NOTE: The permanency case manager must place any reports received from collateral sources (e.g., medical reports, school reports, progress reports from collateral service providers) in the case file.

Documentation

e. Monitoring Collateral Services to Children in Out-of-Home Care

The permanency case manager is responsible for monitoring to ensure that children in out-of-home care receive:

- Routine and any needed special medical care.
- Routine and any needed special education.
- Services to address any other special well-being need identified during assessment.

(i) Monitoring Medical/Dental Services

The permanency case manager is responsible for ensuring that children in out-of-home care receive good-quality medical and dental care. It is not sufficient to rely on the out-of-home caregiver to provide information about medical care; the permanency worker must verify that medical/dental care has been obtained as follows:

- Routine Medical and Dental Care

The permanency case manager must:

- » Discuss planned and completed medical/dental care with the out-of-home care provider.
- » Review documentation that medical/dental care has been obtained by the out-of-home caregiver.
- » Ensure that the Medical Case Management (MCM) Unit also has a copy of medical documentation in UNITY.

- Non-Routine Medical Care

When children in out-of-home care receive non-routine medical care (e.g., emergency room visits, hospitalization, surgery, other invasive procedures), the permanency case manager must contact the emergency medical providers in person or by telephone to obtain information about the medical emergency (see *Section 51210: Routine Medical Care*).

Documentation

(ii) Monitoring Educational Services

The permanency case manager is responsible for ensuring that involved school-age children receive adequate educational services. To accomplish this, the permanency case manager must perform the duties specified below.

- Routine Educational Needs

- » Within ten (10) school days of the Transitional Child and Family Team (CFT) meeting, contact the child's teacher or school counselor to:
 - Introduce himself/herself to school personnel.
 - Provide school personnel with information about the out-of-home caregiver (i.e., name, address, and telephone number).
 - Inform school personnel that the out-of-home caregiver has primary responsibility for routine educational activities (getting the child to and from school, attending routine conferences, receiving report cards, etc.) and that the out-of-home caregiver should be contacted about routine educational issues.
 - Request that school personnel contact him/her should there be non-routine educational issues.
 - Provide school personnel with his/her contact information.
- » During visits, discuss school progress with the child and out-of-home caregiver.
- » Review report cards and other educational reports as they are received.
- » Consider accessing online student information.
- » Ensure that children in high school are on track to meet graduation requirements (i.e., children are obtaining the necessary school credits).

- For Children Identified as Having Special Education Needs

- » Contact the child's teacher or school counselor within ten (10) school days of the Transitional CFT meeting.
- » Contact the child's teacher or school counselor every ninety (90) days thereafter.
- » Together with the out-of-home caregiver, attend all Individualized Education Plan (IEP) staffings.

- Documentation of Contact With Educational Personnel

Within three (3) business days of the contact, the permanency case manager must document, in a UNITY case note, each in-person contact and each telephone contact with educational personnel. This documentation must include any pertinent information related to contact with educational personnel, including but not limited to:

- » The date and time of the contact.

- » The mechanism of contact (e.g., in person, by telephone).
- » Individual(s) present during the contact.
- » The school/school district personnel's report about the child's educational progress and any special educational needs.

Documentation

5800. Children Who Are Absent Without Legal Permission

When children in out-of-home care are reported missing from their out-of-home care settings (because they may have run away or been abducted or are missing for any other reason), the Department is responsible for making an immediate and continuing diligent effort to locate them.

5810. Initial Requirements When Children Are Absent Without Legal Permission

Immediately upon learning of the disappearance, the permanency case manager must:

- Notify the permanency supervisor.
- Contact the law enforcement agency having jurisdiction for the place from which the child is missing (i.e., the out-of-home care setting) to:
 - » Make a missing person report under NRS 200.359.
 - » Request a copy of the missing person report for the case file.
 - » If the situation appears to be a parental abduction, make a parental kidnapping report with the appropriate law enforcement agency.
 - » If the child is placed out of the home, provide information regarding why the child was placed outside of the home.
 - » Request that the appropriate law enforcement agency run the NCIC number on each child.
- Notify the parent/guardian of the child who is absent without legal permission (AWOLP).
- Notify the unit-assigned district attorney (DA) and request that a writ be issued by the Court.

- On the business day that the writ is issued, make a case note in UNITY and forward a copy to:
 - » The police detective (certified copy).
 - » The Department of Family Services (DFS) Records Unit.
 - » The child welfare case file.
- Provide a copy of the police report and NCIC number to the Nevada Attorney General's Office – Missing Children's Unit.
- Call the National Center for Missing & Exploited Children at 1-800-THE-LOST (1-800-843-5678) to make a report. Another case number will be generated, and that number must also be reported to the Nevada Attorney General's Office.
- Change placement in the placement directory.
- After the child has been AWOLP for three (3) working days, contact Nevada Child Seekers to report the child missing.

Documentation

5820. Continuing Efforts to Locate

The permanency case manager must make continued reasonable efforts to locate the child/youth on a monthly basis, at a minimum. Efforts may include, but are not limited to, checking with the following parties:

- Last attended school.
- Previous placements.
- Family, relatives, friends, and fictive kin.
- Clark County School District for school enrollment.

All efforts to locate the child/youth must be documented in UNITY within three (3) business days of their being made.

When children in out-of-home care are absent without legal permission (AWOLP), the permanency supervisor must review the missing children report in the reporting module with the permanency case manager to ensure that reasonable efforts are being made and documented in UNITY on at least a monthly basis.

Documentation

5830. When Children Who Are Absent Without Legal Permission Are Located

When the missing child is found or the child returns to his/her out-of-home care setting, the permanency case manager must notify the following parties:

- Parent(s)/guardian, if appropriate.
- Permanency supervisor.
- Any law enforcement agency that was notified that the child was absent without legal permission (AWOLP).
- Nevada Attorney General's Office – Missing Children's Unit.
- National Center for Missing & Exploited Children.
- Nevada Child Seekers, if it was notified that the child was AWOLP.

In addition, the permanency case manager must:

- Quash the writ of attachment.
- Ensure that correct placement is entered.
- Document in case notes the date the child returned and that the above parties were notified and the writ was quashed.

Documentation

5900. New Allegations of Child Abuse and Neglect

At any time a permanency case manager or supervisor establishes that there is reasonable cause to believe that any child known to them in their professional capacity has been abused or neglected as defined by the Nevada Child Abuse and Neglect Allegation System (CANS), the permanency case manager/supervisor must **immediately** call the Hotline to report the suspected maltreatment. The permanency case manager/supervisor must conduct an immediate safety assessment of all children in the relevant setting (i.e., all children living in the home of the alleged perpetrator). If, as a result of the safety assessment, it is determined that any child is unsafe, the permanency case manager must:

- In consultation with the permanency supervisor, consider removing the child(ren), **or**
- Await the arrival of the CPS investigator, **or**
- Contact the police.

NOTE: For children who have not been placed in the custody or wardship of the Department by the Family Court, only the CPS investigator and the police have the authority to take children into protective custody and to remove them.

The permanency case manager must contact the CPS investigator within one (1) business day of the call to the Hotline to coordinate Department activities during the CPS investigation. The CPS investigator is responsible for all activities and decisions related to the CPS investigation. To the extent reasonably possible, and with the agreement of the CPS investigator/supervisor, the permanency case manager must accompany the CPS investigator during the initial CPS response to the new allegations. The CPS response times must be met, however, and the CPS response shall not be unreasonably delayed to facilitate this joint response.

Documentation

51000. Parent/Child and Sibling Visitation

Arranging, ensuring, and participating in regular family and sibling visitation are among the most important responsibilities of the permanency case manager. Frequent and purposeful family and sibling visits are important for the following reasons:

- Despite the fact that they have been abused or neglected, children typically maintain a strong bond with their parent(s)/caregiver(s). Their emotional security and well-being often depend on continued contact with the families from which they have been removed.
- Similarly, the emotional security and well-being of children in out-of-home care is strengthened by continued contact with siblings who are not placed in the same out-of-home care setting during sibling visitation.
- Parent/child visitation has been identified in child welfare research as one (1) of the most critical factors affecting positive and timely permanency outcomes for children.
- Visitation is a powerful therapeutic intervention that serves as a window into parent/child functioning and interaction. As such, it is an important tool that permanency case managers can use in making safety, well-being, and permanency decisions. During visitation, the permanency case manager can observe family members and:

- » Observe the quality of the relationships in the family and the nature of the attachment between parent(s) and child(ren).
- » Assess the parent's (parents')/caregiver's (caregivers') progress in developing an enhanced capacity to respond to the child(ren)'s need for safety and well-being.
- » Work with the parent(s)/caregiver(s) to improve parenting skills.
- Visitation provides a mechanism for attachment between parent(s) and child(ren) to be developed and/or enhanced with direction from service provides and the permanency case manager.

Documentation

51010. Family and Sibling Visitation Requirement

a. Family Visitation Requirement

Frequent and purposeful family visitation (i.e., visits between children in out-of-home care and their parents) is required. Family visitation with **both** parents is required in all out-of-home cases unless:

- Parental rights have been terminated.
- The parent's (parents') whereabouts are unknown.
- The parent(s) refuses to participate in visits.
- The Family Court has determined that family visits are not in the child(ren)'s best interest for reasons related to the child(ren)'s safety or well-being.

The permanency case manager, in conjunction with the permanency supervisor, may determine that the child(ren)'s well-being is enhanced by visits with parents following the Family Court's waiver of reasonable efforts or termination of parental rights (TPR). In such cases, continued visitation is required.

Family visitation shall not be denied or limited as a sanction for a parent's lack of compliance with *Court Orders* or case plan tasks or as a method to encourage a child to improve his/her behavior.

b. Sibling Visitation Requirement

NRS 432B requires that whenever children placed in out-of-home care are placed away from siblings, regular visits with siblings must be planned and conducted unless the Family Court determines that such visits are not in the best interest of the child(ren) in out-of-home care. Sibling visitation is required without regard to the permanency status of the child(ren) in out-of-home care (e.g., after termination of parental rights [TPR]).

51020. Family Visitation

Family visits are in-person visits between children in out-of-home care and their mother and father. If the child(ren)'s parents live separately, visits with both parents are required.

c. Initial Family Visit

When children are removed during the CPS investigation or during the provision of in-home services, the CPS investigator or in-home case manager must arrange and facilitate visitation between the child(ren) and the child(ren)'s parent(s)/caregiver(s) as soon as possible and always within three (3) calendar days of removal. The CPS investigator/in-home case manager must arrange and facilitate this visit and all subsequent visits until the case is assigned to a permanency case manager.

d. Frequency of Family Visits

Because of the importance of regular contact between children in out-of-home care and their parent(s)/caregiver(s), family visitation (visits between children and their parent[s]/caregiver[s]) must occur once per week, at a minimum.

Within the required minimum, the frequency of family visitation must be determined by the Child and Family Team (CFT), approved by the permanency supervisor, and documented in the visitation portion of the case plan. The frequency of family visitation is determined by:

- The child(ren)'s age. As a general rule, younger children require more frequent family visitation. The developmental and emotional needs of children in out-of-home care are best met when visitation occurs with the following frequency.
- The individual characteristics and needs of children in out-of-home care (e.g., developmental level, intensity of the parent/child relationship, emotional status).
- Any negative effect that visits are likely to have on the child(ren) in out-of-home care.

NOTE: This is to be considered on the basis of the child(ren)'s reaction to past visits and any past or present inappropriate behavior on the part of the parent(s)/caregiver(s).

- The status of the parent's (parents')/caregiver's (caregivers') progress toward reunification. As likely reunification becomes more imminent, the frequency of family visitation must increase.

e. Duration of Family Visits

The duration of family visits may vary. As a rule, family visits should last for approximately sixty (60) minutes. This may vary according to:

- Issues related to the child(ren)'s safety.
- Issues related to the child's well-being needs.
- The tolerance for visiting demonstrated by the child(ren) and his/her parent(s)/caregiver(s).
- Any special purpose or activity planned for the visit.

The overall expected duration must be determined by the Child and Family Team (CFT), approved by the permanency supervisor, and documented in the visitation portion of the case plan. It is recognized, however, that the duration of individual visits will vary according to their specific circumstances.

f. Location of Family Visits

The location of family visitation may vary. The permanency case manager must arrange visits in a place that is:

- Adequate to ensure the child(ren)'s safety during the visit as determined by the *Visitation Safety Check*.
- As relaxed and comfortable as possible for the child(ren) and the parent(s)/caregiver(s).
- In keeping with any activity planned for the visit.
- Convenient for parents/caregivers, children, and out-of-home caregivers.

In general, unless the visit involves a specified activity, the location of the visit should be, in order of preference and taking into account comfort and safety of the child:

- Parent's (parents') home.
- Relative or foster family caregiver's home.
- Relative home (non-placement).

- Child Welfare Services Neighborhood Center.
- Visitation Center.

As the circumstances of the case change, the location of the visits must be altered to fit the changing case circumstances, either to a less or more restrictive setting.

g. Planning for Family Visits

Family and sibling visits may take many forms. Some visits will simply involve family members getting together. Other visits may be combined with other activities. For example, a family visit may be combined with a doctor's visit, a school event, a therapy appointment, a school function, or a little league game. To the greatest extent reasonably possible, the permanency case manager must work with the parent(s)/caregiver(s) and other participants to incorporate routine parent/child activities into visits. Doing so:

- Helps normalize the parent/child relationship.
- Provides an opportunity for the parent(s)/caregiver(s) to practice developing parental capacities.
- Allows the permanency case manager to observe and assess the parent's (parents')/caregiver's (caregivers') progress in improving his/her (their) parenting capacity.
- Helps out-of-home caregivers support the visitation process and respond to children's issues related to visits.

Although some spontaneity can enhance the quality of family visits, the benefit is maximized by informal planning. In addition to the visitation plan included in the family's case plan, the permanency case manager must discuss each visit with the parent(s)/caregiver(s) in order to develop an informal plan for the individual visit. This discussion includes:

- The child(ren)'s reaction to previous visits.
- Talk of a plan to end the visitation for both the parent and child to minimize stress on both.
- Any activities that the parent(s) proposes for the visit.
- Whether the parent(s) will bring anything (e.g., gifts, toys, arts and crafts material, games) to the visit.
- Activities/interactions suggested by the permanency case manager.
- Who will attend and, if applicable, supervise the visit.

- The location of the visit.
- Any transportation issues related to the visit.
- The exact time and expected duration of the visit.
- Planning for ending the visit (to minimize stress of the child[ren] and parent[s]).
- Any restrictions or requirements for the parent(s)/caregiver(s).

Regardless of whether the out-of-home caregiver is the visitation supervisor, the permanency case manager must discuss the plan for each visit with the out-of-home caregiver. This will allow the out-of-home caregiver to help prepare children for visitation.

h. Supervision of Family Visitation

Depending on the circumstances of individual cases, family visits may range from highly structured supervised visits, to visits where supervision is provided intermittently (e.g., the family visits by themselves at an office, and the visitation supervisor checks on them periodically), to visits where the parent(s)/caregiver(s) is permitted to care for the child(ren) on his/her own with minimal supervision. The process for supervision of family visitation, including the level of supervision and the identity of potential visitation supervisors, must be specified in the visitation portion of the family case plan. (See *Section 51040: Other Visits* for information regarding agency-approved people to supervise.)

(i) Purposes of Supervision

The purposes of visitation supervision vary and are as follows:

- *Protective* – Recognizing that children have been placed in out-of-home care because they are not safe with their parent(s)/caregiver(s), family visits are supervised to ensure the safety of involved children.
- *Assessment* – Visits provide the best opportunity to observe and assess the interaction between the parent(s) and child(ren). These observations and assessments are a means by which the permanency case manager:
 - » Assesses the nature and level of the attachment between a child(ren) in out-of-home care and his/her parent(s)/caregiver(s).
 - » Evaluates the parent's (parents')/caregiver's (caregivers') progress toward achieving case plan objectives.
 - » Evaluates whether to consider an alternative permanency goal.

- *Support and Treatment* – Supervised visits provide an opportunity to work with the parent(s)/caregiver(s) to improve his/her parenting capacity. For example, family visits can be used to:
 - » Demonstrate appropriate ways of setting and enforcing limits.
 - » Help the parent(s)/caregiver(s) and child(ren) develop better ways to interact and communicate.
 - » Allow the parent(s)/caregiver(s) to practice parenting skills (e.g., feeding, bathing, diapering, administering medication) under the supervision of the visitation supervisor.

(ii) Determining the Level of Supervision for Family Visits

The permanency case manager, in conjunction with the permanency supervisor, must determine the level and type of supervision necessary during visits. The most important factor in determining the level of supervision provided at family visits must always be the safety of involved children. The permanency case manager must always remember that the child(ren) has been placed in out-of-home care because [s]he was unsafe in the care of his/her parent(s)/caregiver(s). At the same time, it must be remembered that, as reunification becomes more likely and imminent, the level of supervision of family visits must decrease to allow children and their parent(s)/caregiver(s) increased time together and to allow the parent(s)/caregiver(s) to practice and demonstrate their newly developed parenting capacities.

To determine the level of supervision necessary, the permanency case manager must complete the *Visitation Safety Check* at a minimum:

- Every three (3) months.
- Before making changes to the visitation arrangements (e.g., changing the level of supervision, discontinuing visitation).

In addition to completing the *Visitation Safety Check*, when determining the level of supervision required for family visitation, the following guidelines must be complied with:

- Unless the permanency supervisor determines otherwise, all family visits occurring during the first three (3) months of out-of-home care must be supervised.
- Whenever a safety assessment has determined that a child would be unsafe in the care of any parent/caregiver, any visit with that parent/caregiver **and** any visit at which the permanency case manager has reason to suspect that that parent/caregiver may be present must be supervised.

- Whenever the Family Court, pursuant to NRS 432B.157, has made a determination that a parent/caregiver is a domestic violence perpetrator **and** the Court has not found that unsupervised visits are in the child(ren)'s best interest, all visits must be highly structured.
- Absent a determination that a child is unsafe, the child vulnerability factors must be considered when determining the level of supervision. For example, family visits involving younger children will **tend** to receive a higher level of supervision.
- As the family makes progress toward achieving case plan objectives and reunification becomes likely and imminent, the level of supervision must decrease.

Documentation

(iii) Overnight Family Visitation

When a parent(s)/caregiver(s) has made substantial progress in achieving case plan objectives, the permanency case manager/supervisor must consider allowing overnight visitation in the home of the parent(s)/caregiver(s). Overnight visitation will:

- Ease the child(ren)'s transition from living in out-of-home placement to living with his/her parent(s)/caregiver(s).
- Provide the opportunity for the parent(s)/caregiver(s) to practice and demonstrate his/her progress in achieving case plan objectives.
- Build the confidence of the parent(s)/caregiver(s) in his/her ability to care for his/her children.
- Afford the permanency case manager an opportunity to assess the parent's (parents')/caregiver's (caregivers') progress in achieving case plan objectives.
- Provide the permanency case manager with an opportunity to identify any issues that may need to be addressed during and following reunification.

While overnight visitation is not supervised, when a parent(s) has unsupervised visitation with a child(ren) placed in out-of-home care, the permanency case manager and supervisor must develop a specialized plan for in-person family contact during visitation. When unsupervised visitation extends for more than two (2) calendar days, the specialized visitation plan must include unannounced visits during a time that the child is with the parent(s)/caregiver(s).

(iv) Who Can Supervise Family Visits

Although family visits may be supervised by other professionals, out-of-home caregivers, and extended family members, the permanency case manager must play an active role in family visits

and must be present for a portion of visits. The permanency case manager must supervise visits with the following frequency:

- Weekly during the first three (3) weeks following the Transitional Child and Family Team (CFT).
- At least monthly thereafter.

In addition to the permanency case manager, family visits may be supervised by other professional and nonprofessional adults. When determining who will supervise a family visit, the following factors are to be considered:

- The permanency case manager's assessment of the protective capacity of the visitation supervisor. This includes the visitation supervisor's understanding of the parent's (parents')/caregiver's (caregivers') behaviors and conditions that may threaten the safety of children during the visit.
- The purpose or planned activity associated with a particular visit. For example, if a visit will involve helping a parent/caregiver to learn to care for a medically compromised child, a nurse or other healthcare provider may be the best visitation supervisor.
- The comfort level of the child(ren) and the parent(s)/caregiver(s) with the visitation supervisor.

When family visits are supervised by individuals other than the permanency case manager, the permanency case manager must make certain that the identified visitation supervisor understands:

- That it is the visitation supervisor's responsibility to ensure the safety of involved child(ren).
- Any specific issues or concerns related to the child(ren) or the parent(s)/caregiver(s) that may be relevant to the visit.
- The visitation supervisor's role in conducting or observing any activities planned for the visit.
- For professional visitation supervisors, the responsibility for documenting the visit.
- For nonprofessional visitation supervisors, the responsibility for discussing the visit with the permanency case manager.
- The responsibility of the supervisor/observer of the visit to complete a *Visitation Form* and call or e-mail the permanency case manager to share observations, strengths of parents and children, and any other important information. If there are concerns about actions that oc-

curred during the visit, the observer must notify the permanency case manager within twenty-four (24) hours of the visit.

Documentation

i. Special Family Visit Circumstances

(i) Parent(s) Who Resides in Another State/County

When a parent(s) whose parental rights remain intact resides in another state or county **and** the distance from Clark County precludes normally required family visitation, the following guidelines must be complied with:

- The permanency case manager must make every reasonable effort to facilitate some in-person visits. This may include the parent's traveling to Clark County to visit the child(ren). The fact that a parent does not live in Clark County is not a reason to deny visitation.
- In the case of verbal children, to the extent that in-person visits are impossible, the permanency case manager must facilitate telephone visits with the same frequency with which in-person visits would occur if they were possible. The permanency case manager/supervisor must determine whether and how telephone visits will be supervised (i.e., visitation supervisor participates in the call), in accordance with the same considerations that are applicable for in-person visits.

(ii) Visits When Children Are Placed Outside of Clark County

When children are placed outside of Clark County, their parents (whose parental rights remain intact) reside in other states or counties, **and** the distance from Clark County precludes normally required family visitation, the following guidelines must be complied with:

- The fact that a child is not placed in Clark County is not a reason to deny visitation. The permanency case manager must make every reasonable effort to facilitate some in-person visits. This may include the parent's traveling to the area where the children are placed.
- In the case of verbal children, to the extent that in-person visits are impossible, the permanency case manager must facilitate telephone visits with the same frequency with which in-person visits would occur if they were possible. The permanency case manager/supervisor must determine whether and how telephone visits will be supervised (i.e., visitation supervisor participates in the call), in accordance with the same considerations that are applicable for in-person visits.